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ABSTRACT

This manual was designed for use by Title XX field training personnel involved in providing services for Puerto Ricans in Connecticut. The manual is intended to develop cross cultural awareness by introducing the reader to the cultural orientations, social systems, and values of Puerto Ricans and other Hispanics. Included are background information on Puerto Rican geography, history, economy, and politics; a description of Hispanic value systems, family structure, religion, courtship and marriage practices, and health practices; a discussion of the Puerto Rican experience in the United States in politics, housing, employment and education; and a community social and health service model for Puerto Ricans. Also included are sample lessons for a Spanish language curriculum and a directory of Spanish speaking resource organizations in Connecticut. (MJL)

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CROSSCULTURAL COMMUNICATION: THE HISPANIC COMMUNITY OF CONNECTICUT

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A Human Services Staff Development Training Manual

by
Sally Innis Klitz

UD 022 131

A Title XX Project
The University of Connecticut
Storrs, CT 06268

1980

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INTRODUCTION

This book is lovingly dedicated to the estimated 170,000 Puerto Ricans in the State of Connecticut* who struggle against almost overwhelming odds to survive in a land where they are citizens but are treated as foreigners.

This is not a how-to handbook with answers to our most pressing social problems — poverty, drugs, alcohol, crime, discrimination. It is intended to provide a basic look into the political, social and economic history, and culture of a people who, as U.S. citizens, have equal rights on the Mainland, but unequal opportunities to compete in a culturally alien society.

For many years U.S. educators, counselors, and society at large have been guilty of adopting the "why can't they be like us?" philosophy in their attitudes and actions towards people of other cultures. It was felt that the best way we could help non-English groups was to facilitate their assimilation; that is, to make good Anglo-Saxons out of them. The theory was that, by promoting Anglo-conformity, the stresses resulting from cross-cultural conflict would be avoided. The problem with such an arrogant and unrealistic notion is that it robs one of a frame of reference. By stripping away the language, values, and traditions of a group of people, we violate their essence. We are, in short, telling them that their culture is inferior.

Fortunately, the idea of an American cultural "puree" has been replaced by the "stew," and we have finally begun to recognize each component of our societal "stew" as a valuable contribution to the whole.

In the past two decades sociologists, teachers, diplomats, anthropologists, or anyone involved in a multicultural situation have realized the necessity of understanding another's culture before attempting to communicate. Clearly, failure to respect social systems and values of other cultures will impede any chance of communication.

The purpose of this book is to introduce the reader to the cultural orientations, social systems and values of the Hispanic community. The original intention was to describe a rather broadly defined group we call Hispanics. However, during the course of data gathering, it became clear that it would be impossible to describe the history and politics of every Latin American country and to generalize too readily about a single Hispanic culture. It has been estimated that 90 to 95 per cent of the Hispanic recipients of Title XX human services are indeed Puerto Rican. For this reason, the information presented in this book is most frequently describing Puerto Ricans. Much of the cultural material can be generalized to extend to other Hispanic cultures. Where the information is specific to Puerto Rico and Puerto Ricans, it is clearly labelled as such.

*Based on the most recent estimates of the Migrant and Spanish Services Division of the Connecticut State Department of Human Resources. Total Hispanic population is estimated at 200,000.

EVALUATION

Success in training cannot be measured in academic terms. It can only be evaluated by the effect new knowledge has on practice in the field. It would, therefore, be difficult to condense an evaluation of the effectiveness of this training tool into a short form to be administered after a session, just as it would be impossible to limit any training program to a series of workshops. Staff development is an ongoing process. For this reason we are asking that you use the materials in this manual at your own pace, concentrating on those areas which would be most helpful to you in your particular situation, and to fill out the enclosed questionnaire after integrating what you've learned into your field practice.

Questionnaire on Manual Use and Usefulness

Please check the appropriate spaces:

1. I have used this manual _____ times before.
2. I work in a Title XX agency _____ yes _____ no
3. My work is primarily _____ administrative or supervisory
   _____ direct service to clients
4. I used this manual _____ on my own
   _____ with a group of people

Please fill in responses to the following questions

5. What percent of the clients you serve are Hispanic? _____
6. What portion of this manual did you find most helpful?
   _____
7. What portion of this manual was least important to your job?
   _____
8. What areas do you think you still need more information about, even after using this manual? _____
   _____
9. How did you find out about this manual? _____
   _____
10. Did you actually use any of the activities suggested in the book?
    _____ yes _____ no
    If yes, which was the most useful or enlightening?
    _____
    Which was the least worthwhile? _____
    _____

Other comments _____
_____
_____
_____

The agency I work for is _____

My job title is _____

I have been serving the Hispanic community for _____ months/years.

My degree of fluency in Spanish is zero/poor/good/native.

Please return this questionnaire to: Sally Innis Klitz
University of Connecticut
Graduate School, U-6
Storrs, CT 06268

STAFF DEVELOPMENT

If one were to examine the make-up of our human services agencies, one would find a very high percentage of pre- and paraprofessionals who provide direct services. On-site training is fast becoming the most popular means of providing human services personnel with the tools that will better enable them to serve their clients.

While staff development is the function of the administration, effective training programs must be designed for the specific needs of the staff members who are in the field. According to the 1977 Title XX Needs Assessment Survey, cross-cultural sensitization was one of the most frequently cited areas of training needs. It would be difficult to condense in-service training in any area into a series of workshops, conducted by outsiders who cannot be aware of the problems encountered in the field. Successful staff development programs should be tailored to fit schedules and experiences of the staff who must be involved in the program development. The learning process requires time — time to absorb, digest, and apply the materials.

Formal Training Sessions

If this manual is used as a supplement to a regular formal training session, the following should be kept in mind regarding teaching strategies and learning.

Learning is best achieved through involvement. Lecturing is one of the least effective teaching methods. Students should participate in group discussions, individual or group projects, reading assignments and group sharing. Problem-solving exercises are often productive:

1) define the problem; 2) have participants gather information about it; 3) analyze the information as a group; and 4) form conclusions and test the solution.

Role Playing — Role Reversal

This is one of the most fun as well as effective ways of understanding another person's viewpoint. By reversing roles, the student will be able to see her/himself through the eyes of another. The group should decide on the problem or situation and assign parts. A spontaneous and brief dramatization should follow. At the end of the scene, roles can be reversed and then the scene repeated.

After the problem has been acted out from these two sets of perspectives, students should discuss how they felt wearing two different hats.

PUERTO RICO

Geography

Between North and South America and east of Central America there is a vast expansion of water known as the *Caribbean Sea*. *Puerto Rico* lies at the entrance of this sea. It is one of the chain of islands that range from Florida to the northern coast of South America and are known as the *Antilles*.

These islands are actually the tops of mountain ranges that rise above the level of the Caribbean Sea. The Antilles are divided into two groups, called the Greater and Lesser Antilles. Puerto Rico is the easternmost of the four Greater Antilles, which include *Cuba, Hispaniola* (Haiti and the Dominican Republic) and *Jamaica*.

The territory of the Commonwealth of Puerto Rico also includes a number of off-shore islands.

Vieques was long held by the United States government and used for armed forces maneuvers. The federal government turned this island over to the government of Puerto Rico in 1975 to be used as it saw fit.

Culebra has only about five or six hundred people living on it and is chiefly used by the U.S. Navy for aerial and naval training. *Mona* is uninhabited due to its light rainfall and infertile soil.

Ratones is used by the Puerto Rican police force for shooting practice, and has also been used occasionally for excursions and picnics.

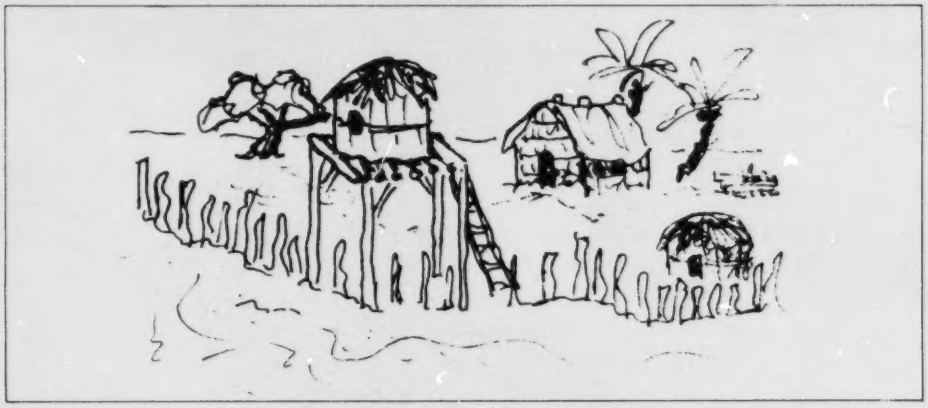
Puerto Rico is about 1600 miles south and east of New York, and 1050 miles southeast of Florida. It has a land mass of about 3500 square miles and is about the same size as the State of Connecticut.

Although the island of Puerto Rico is relatively small (100 miles long by 35 miles wide) it contains an astonishing variety of landscapes. Within a few hours by car, travellers can journey from flat coastal plains to high mountain regions. They can go from the lush, fertile areas in the North to desert land complete with cacti in the south. They can move from rural villages to modern cities.

History, Economy & Politics

Puerto Rican politics are so much a product of the Island's history and economy that it seems logical to combine these areas into one unit.

When Christopher Columbus happened upon the island *Borinquén* in 1493, he found approximately 30,000 *Taino* Indians living in villages near the coasts and rivers, farming and fishing for their subsistence. The *Taino* nation was actually the product of a merger of two tribes: the *Igneris,* who spoke the Arawak language and who had migrated to Borinquén from South America; and the *Arcaico,* the original inhabitants of the island who had arrived around 500 B.C. from Florida. The Tainos spoke the Arawak language and are frequently referred to as the Arawaks by historians.



Taino Village (Yacayeque)

Spanish colonization proved fatal to the Tainos who were forced to work for the Spaniards, mainly in the gold mines. A great many died of new strains of disease brought from Europe; others were killed while trying to escape; some committed suicide; still others intermarried and were assimilated. By 1542, when a law was passed freeing the Indian slaves, there were only a few of the original island inhabitants left on Borinquén ("Land of the Proud Men").

It is believed that some of the Tainos did manage to escape to the interior mountains and were the ancestors of the *jíbaros,* "the mountain men". *El Jíbaro* symbolizes the free and independent spirit of the mountain people.

Although as a distinct sociological group the Indians have quite disappeared, they did leave behind much of their cultural elements in the form of music, cooking, language and architecture. Puerto Ricans take great pride in their Indian past, evidenced by the increasing use of Indian names.

Spanish Rule

Juan Ponce de Leon, who was with Columbus on his second voyage when he landed on Borinquén, received permission to colonize the island from the Spanish General Governor of the Indies in 1508. Ponce de Leon became the first governor of the island which Columbus renamed *San Juan Bautista,* in honor of Prince Don Juan of Spain. The original colony was situated on the south shore,

but later moved to a northern port site which they named *Puerto Rico* (rich port). Over the years the name was used to refer to the entire island, and the port was called *San Juan,* a reversal of the original names.

In the early part of the sixteenth century the Spaniards started to import slaves from Africa (from Senegal mostly), because the Indian population had been depleted. By then there was little gold left to mine and the Spanish settlers turned to agriculture. The Black slaves were put into the fields and generally were more fortunate than their predecessors. Laws were passed to regulate the treatment of Black slaves. They were permitted to earn money, own property and to buy or win their freedom. Slavery was not officially abolished on the Island until 1873, but by then most of the Blacks had already been freed. The Spaniards worked hard to indoctrinate the Blacks into the Spanish culture; there remain a few vestiges of Africana in the island's music and spiritualistic beliefs.

Other settlers arrived from Cuba, Haiti, and North America, as well as from other parts of Europe. Catholic settlers were offered land grants. There was a great intermingling of peoples which has evolved into a unique racial mosaic.

Conquistador

The island culture that developed was similar to that of other Latin American countries, where indigenes, Blacks and Europeans blended to form subcultures linked by shared language, religion, and a basic Spanish social structure.

Spain governed the Island for almost four hundred years. Officials, appointed by the government of a country 4,000 miles away, were often repressive. They controlled the economic, political and military life of the Island for their own personal gain. Early in the nineteenth century, while other Latin American colonies were experiencing revolutions, Puerto Ricans began to demand a greater voice in their own affairs. In 1812 Puerto Rico was given a constitution with the right to elect representatives to the Spanish parliament. However, for the next fifty years Puerto Rico was ruled by a succession of Spanish military governors who abolished all civil rights and assumed absolute power. There were several uprisings during this time, but all were unsuccessful. The most famous of the revolution attempts is called the *Gritos de Lares,* led by Dr. Ramón Betances in 1868.

For a time between 1869, when Spain had its first republican government, and 1875 when it was overthrown, Puerto Ricans were once again granted constitutional rights. Repressive measures prevailed on the Island from that time until 1897 when Luis Muñoz Rivera was granted the right to set up an autonomous government with a Puerto Rican parliament on the island. Although the governor continued to be appointed by Spain, Puerto Ricans finally achieved a degree of control over their own internal affairs.

U.S. Rule

This last Spanish government was short-lived because of the 1898 Spanish-American War Treaty which ceded Puerto Rico to the United States. The small Spanish island became a colony of the United States; and Puerto Rican dreams of autonomy were once again blocked by a nation which neither spoke the language nor was familiar with the newly adopted Spanish culture. The islanders were declared unfit for self-government and the U.S. Consul in Puerto Rico, General Hanna, summed up the fate of Puerto Rico simply: "In the providence of God, she is ours today; she will be ours forever."

In 1900 the Foraker Act established a civilian government under U.S. sovereignty. The President appointed an American civil governor and Puerto Rico adopted the U.S. postal and monetary systems. In 1917 the Jones Act imposed U.S. citizenship on the islanders as well as the use of the English language and texts in the schools. While the Jones Act did grant some civil rights (and also made the men eligible for our military draft), Puerto Rico has never been given representation in the U.S. Congress. This volatile political issue is discussed in the section on politics.

It wasn't until 1946 that a Puerto Rican became Governor of Puerto Rico. He was Jesús L. Piñero and he was only in office for one year. In 1947 Puerto Ricans were given the right to elect their own officials. Luis Muñoz Marín, son of Muñoz Rivera, was swept into power. Muñoz Marín had risen to political prominence in the 1940s as the leader of the Popular Party which dominated island politics until 1964.

In 1950 President Truman signed the Puerto Rican Commonwealth Bill. The islanders voted to accept Commonwealth status in 1951 and on July 25, 1952, Congress approved the Puerto Rican constitution. Puerto Rico became a Free Associated State of the United States. As such, Puerto Ricans living on the Island are eligible for social security, medicare, and are exempt from federal income tax. They are subject to federal laws and have access to U.S. courts. However, as long as they are living in Puerto Rico they may not vote in Presidential elections, nor does their congressional representative, the Resident Commissioner, have a vote in Congress.

The Economy

When U.S. business concerns began to look to Puerto Rico, the Island's economy was based upon subsistence farming and sugar and coffee plantations run by the elite Spanish *hacienderos*.

The mountains provided a natural environment for coffee production. Coffee was highly prized in Europe and millions of pounds of coffee were exported yearly to the continent. When the U.S. arrived in Puerto Rico, 40 per

cent of the cultivated lands were devoted to coffee. In 1899, a bad hurricane destroyed the coffee trees and the industry was never revived.

The U.S. investors concentrated all of their efforts on sugar production. They brought industrialization to the island and expanded the sugar industry to involve 75 per cent of the population. More and more land was absorbed for giant plantations. The island economy became entirely based upon this one crop. Then the Depression of the 1930s caused the price of sugar to drop, ruining the economy. More and more items had to be imported; bananas and plantains, once so abundant, became scarce. Luis Muñoz Marín worked with the last non-Puerto Rican Governor, Rexford Tugwell, to develop a plan to improve conditions on the island. This plan was the beginning of "Operation Bootstrap."

"Operation Bootstrap" was initiated in 1948 under the auspices of a government agency called *Fomento*. The objective of this program was to create jobs through industrialization. Agriculture was not abandoned entirely, but by locating industry in areas where unemployment was greatest, Fomento hoped to help alleviate some of the island's problems by generating more and better paying jobs than agriculture could provide.

As a result of industrialization and urbanization only a small percentage of the total population are involved in farming, and Puerto Rico has to import half of its food supplies. However, Fomento has realized the need to better utilize land and plans over the next decade to increase agricultural employment by 10,000 to 15,000.[1] Livestock and dairy farming is growing in importance and sugar, coffee, tobacco, fruits and vegetables still constitute a substantial percentage of the agricultural volume. Farming is moving towards higher wages and more intensive cultivation.

There are now about 2,600 factories on the Island which employ about 166,000 people, the majority of whom are blue collar workers. The factories are mostly owned by private U.S. and Puerto Rican industrialists with a large share of the profits going to the Mainland. Investors were also attracted from Europe and Japan. Wages were lower on the Island (although they are now competitive), and companies were given tax breaks as an incentive to bring their business to the Island.

A few of the companies have ceased operations because of rising labor costs and a ten-year limit on tax exemption. Others have gone the natural life cycle of birth, growth and death for other reasons. In fact, half of the factories which close do so long before the ten-year tax exempt period expires.

Puerto Rico's most abundant resources are a good climate and sandy beaches. Tourism grew to become a $300 million annual business as elegant hotels and casinos sprang up all over San Juan. Ninety per cent of the tourists come from eastern U.S. and the industry which employs thousands of people is being promoted with gusto.

While the key to economic development might lie in industrialization, on the Island those who have benefited from this development have been the industrialists only. The masses remain for the most part as poor as they were

under Spanish rule. One of the major complaints of political liberals is that workers and consumers are exploited to increase the profits of the wealthy.

The U.S. dominates the island economy. Around 85 per cent of Puerto Rico's imports come from the Mainland and almost 95 per cent of her exports go to the Mainland. About half of the imports are food and half are raw materials needed for industry. Many of the items constructed on the Island from these imports are exported to the Mainland and then are imported back to Puerto Rico. This results in grossly inflated prices for certain commodities. Exports to the Mainland include sugar, rum, textiles, pharmaceuticals, automotive parts, electronic components and tobacco products.

Until 1975 U.S. law required that only U.S. freighters be used to carry goods between Puerto Rico and the Mainland, further contributing to high costs of living. Now the Puerto Rican government uses its own carriers; however, U.S. law prohibits direct trade with any country other than the U.S.

The continual deficit in the balance of payments is counteracted by U.S. social aid and money sent home by Puerto Ricans working on the Mainland.

Industrialization has totally changed the sociology and demography of the islanders. The white Spanish upper classes have been the most greatly influenced culturally by the arrival of the U.S. businesses. Americanization has eliminated much of the traditional Spanish social structures of these urban businessmen, many of whom are employed by U.S. firms. They earn a large salary, belong to exclusive clubs, are bilingual and generally do not socialize outside of their own circles. They are traditionally orthodox Catholic, but religion does not appear to influence their lives to the same extent it once did. To further contribute to acculturation, many of the children of these wealthy businessmen are educated on the Mainland.

The demographic shifts resulting from industrialization have been tremendous. Puerto Rico has a total population of 3,000,000: almost 60 per cent are concentrated in urban areas. San Juan alone has a population of 1,000,000. The land reforms of the 1940s, which drastically reduced the serfdom status of tens of thousands of landless agricultural laborers, eliminated one of the most evil features of a colonial economy.

Thousands tried to flee from their overwhelming poverty to resettle in the cities. At the beginning of the twentieth century only one in six lived in a city. Today more than half are urban dwellers. In addition to this redistribution from rural settings to the cities, there has been an enormous growth in population, the figure having tripled since 1900.

The displaced agrarian laborers realized little relief from their economic problems. In many ways their difficulties were compounded. There was virtually no urban planning to accommodate the influx of settlers resulting in overcrowded slums with little sanitation, and chronic unemployment, as most were unskilled and unprepared to work in a technological field.

The Jíbaro

Few folk heroes have been romanticized like the *jíbaros* of the interior mountains, who proudly consider themselves the heart and soul of Puerto Rico. Many remain formally illiterate, but they are respected as wise, articulate and

independent. Some believe that the *jíbaro* is descended from the original Boriquenos who fled into the hills when the Spanish arrived. The word *jíbaro* is said to be an old Indian word meaning "one who escapes from civilization." These folk of the mountains boast a heritage of resistance against foreign invaders from the times of the Spaniards, through the Dutch and English, until the 1930s and 1950s when some led a revolt against the Americans. Their image has kept alive the spirit of independence.

El Jíbaro
The figure of El Jíbaro has become the literary symbol of the Puerto Rican spirit. He represents the best values of the Island's native culture.

The *jíbaros* managed to maintain a stable economy, even during the Depression when the rest of the Island was devastated. They had always grown their own food on their small farms. These farms, averaging 45-50 acres, also produced the coffee, tobacco and ginger that was so highly prized by the Spanish. But in the late 1930s the government began to build hydro-electric plants in the interiors, destroying many of the farmlands. Fields were abandoned as the *jíbaro* sought work in the power plants. Once the plants were completed, the mountain farmers had neither work nor their farm crops; and they were forced to move in great numbers to the cities, trading a life of rural dignity for one of urban pauperism.

When the barefoot peasants first began to arrive in numbers they were subjected to ridicule by the city people who considered them to be uncivilized hillbillies. However, in more recent years the *jíbaro* image has come to symbolize all of the best values of Puertorriqueñoismo. Luis Muñoz Marín adopted the *jíbaro* as the symbol of his Popular Democrat Party and now one is proud to be called *jíbaro*.

Politics

Puerto Ricans, particularly on the Island, are very involved in politics and passionate political discussions are actively engaged in. A high percentage of eligible voters participate in elections on the Island; however, only those who reside on the Mainland can vote in our national elections. Many feel that this is unfair since the Island is under U.S. control. The major issue dominating U.S.-Puerto Rican politics is the choice between *independence*, *statehood*, or *status quo* (commonwealth status). This is such a sensitive and volatile area that this author will try to describe as objectively as possible the parties' viewpoints from a statistical and historical perspective.

Since politics are usually dictated by those with the economic power, those who benefit economically from U.S. affiliation are in favor of maintaining *status quo*, or of going even one step further — becoming a *state* of the United States. At the opposite end of the spectrum are the *independentistas* who have diligently been working since the days of Spanish rule for the ideal of a "*Puerto Rico Libre*." The present Commonwealth or "Free Associated State" is a middle of the road compromise.

Muñoz Marín in many ways can be called the choreographer of the Puerto Rican political and economic scene. As the first native-born Governor and leader of the Popular Party, he controlled Puerto Rican politics for four terms until 1964 when he refused to run again. Although his economics were socialistic, his political reasoning was influenced by "reality."

Originally Muñoz considered the possibility of independence; he was married to an outspoken *independentista*. But during the 1930s he became convinced that it was not feasible until economic independence could be achieved. He founded the Popular Democratic Party in 1938 which has dominated the political arena for forty years.

The *independentistas* felt that Muñoz had betrayed their cause; several resigned from the Popular Party and formed the Puerto Rican Independence Party in 1946. The year that the Island was declared a Commonwealth, 1952, the Independents won 19 per cent of the votes in the November elections. However, that percentage dropped to 12.5 in 1956; to 3 per cent in 1960; and in the last election, 1976, increased to just under 6 per cent. There are actually six known independence groups, five of which operate in the open and disassociate themselves from violence.

The *F.A.L.N. (Fuerzas Armadas de Liberacion Nacional Puertoriquenna)* demands immediate independence and claims responsibility for the 1976 series of bombings in New York City.

The *Puerto Rican Socialist Party,* which was organized in 1971 in Puerto Rico, advocates Marxist-Leninism. Membership is believed to be several thousand.

The *Nationalist Party,* founded in 1922, became the symbol of the independent spirit in Puerto Rico, but fell into insignificance when Campos, the leader, died in 1965.

El Comite, founded in 1969, is small and limited to New York and supports "international proletarianism."

The *Puerto Rican Independence Party,* the original independence party of 1946, upholds the electoral process as a means of achieving an independent socialist democracy. In 1969, many of its more radical members resigned to join which is now the Socialist Party.

The *Puerto Rican Solidarity Committee* is composed primarily of non-Puerto Ricans, who are activists on principle. The group has only been in existence a few years.

Almost as far to the right as the *independentistas* are to the left, is the *New Progressive Party,* which supports statehood for the Island. They firmly believe that Puerto Rico would benefit more by this status than as a Commonwealth. The "statehooders" won the elections of 1968 and 1976 and are reputedly growing in number. They believe that commonwealth is too nebulous a status — they are not independent nor are they equal to the rest of the states. Those living on the Island cannot vote, or have a voice in making the federal laws that govern them. The New Progressive Party members, for the most part, are the economically elite who have the most to gain by becoming a state.

The *Popular Party,* supporting Commonwealth, therefore, is a party of compromise. Idealistically, it does not make sense for a small Caribbean Spanish-speaking country to be under the control of a culturally alien mother. But the pragmatists of the Island feel they wouldn't survive without the protective hand of that rich and powerful mother. Although much emphasis is placed upon the self-determination of the Islanders regarding their status, the U.S. is not likely to easily give up an island in the Caribbean which it controls militarily and economically. The government "doles" are a small price for such a strategic position.

Politics on the Mainland

Aside from the leftist groups working for independence, Puerto Ricans on the Mainland do not often participate in political affairs. The language barrier, complexity of the voting apparatus, disassociation from the mainstream society and the feeling that they will soon return to the Island can account for this.

However, those who are registered voters in the State of Connecticut are mostly Democrats. Those eligible to vote are about 2 per cent of the voting population in the state, but in 1974, Puerto Rican voters represented only 1 per cent of the total number of votes.

In the cities with a large Puerto Rican population, the voters could have considerable influence in the elections. For example, about 12 per cent of the voting population of Hartford are Puerto Ricans. If all voted, they could make a significant impact on the outcome of an election.

[1]Lewis Smith in a letter dated July 7, 1977. Mr. Smith is a professional economist who works with Fomento in Puerto Rico.

MIGRATION TO THE MAINLAND

The Puerto Rican experience on the Mainland is in many ways unique for a variety of reasons. The close proximity of the U.S. to the homelands of the *Latinos* has had a significant effect on the rate of acculturation. Frequent visits home and the continuance of ties to the family and homeland enable Hispanics to maintain their cultural orientations for a longer period of time than did the European immigrants.

Three factors set them apart from previous immigrant groups:

- the boom in ethnic studies with an emphasis on contributions has stimulated intercultural appreciation and boosted self-esteem within the Hispanic community;
- they are arriving at a time in our history when the government realizes a responsibility to help ease the adjustment period in terms of legislation and services;
- their one great advantage is their citizenship status.

In spite of legislation and good intentions, the problems of survival are acute. One of the main dilemmas encountered by Puerto Ricans and some of the other Latin Americans to a lesser extent is the racism they often find when they arrive here. On the Island there are many different skin shades. Often within the same family color will range from very dark to European. The poorer classes tend to view themselves as Puerto Ricans rather than Black or White. When they come to the Mainland, they are often classified as Black - and experience discrimination on that basis. So they have had to deal with racial prejudice as well as cultural alienation.

Employment, Housing and Income

The unemployment rate on the Island is significantly higher than it is here, so many Puerto Ricans come to the Mainland in the hopes of finding work. Most are unskilled and speak only Spanish. One hundred years ago, when the greatest numbers of immigrants began to arrive in the U.S., there were many opportunities for unskilled laborers who knew no English to make a living because the country was expanding in so many areas which required physical labor. Today we live in an age when language skills are essential in order to compete. The era of technological development has virtually eliminated a market for those who do not possess a vocation or a profession. The only way to rectify this dilemma is through education. It has been estimated that less than 25 per cent of the migrants know a sufficient amount of English to function. What do they do then to survive? They usually begin life on the Mainland with relatives until they establish their own households. They compete for the lowest paying jobs and the worst housing available.

The results of a recent study conducted by an Hispanic research group at La Casa de Puerto Rico[1] indicate that around half of the 263 Hispanic families in

private housing surveyed had incomes of less than $5,001; 40 per cent had incomes between $5,001 and $10,000; and only 10 per cent had incomes over $10,000.

Farm Laborers

Puerto Rican migrant farm workers have been coming to Connecticut since the last century to work in our tobacco fields and farms, but they came only on a temporary basis returning to the Island at the end of the season. By the 1940s Puerto Ricans were arriving in larger numbers and became a significant part of the farm labor force. Employers usually went to the Island to recruit these seasonal laborers. The dormant agricultural season on the Island coincided with our active season, so the arrangement worked out well. Employers had to contract the Puerto Rican workers according to the regulations of the *Labor Contract* approved by the Department of Labor of Puerto Rico which provides for a guaranteed 160 hours of work per month at a set wage. Provisions are also made for transportation, suitable housing, insurance, medical care and food.

An average of 20,000 contract farm laborers come to the U.S. yearly. In Connecticut only about 25 per cent of the migrant laborers come from Puerto Rico.

In the 1950s Puerto Ricans began to migrate to Connecticut in large numbers, many moving from New York City to Bridgeport, New Haven, Norwalk and Hartford. Hartford today has the largest Puerto Rican population and has recently been cited as the third most popular Mainland city to which Puerto Ricans migrate.

Housing

There is a severe housing shortage in many of the urban areas of our state — a problem which is compounded by discrimination against families with children and the new rush to convert apartments to condominiums, which could exclude the majority of Hispanic families.

In Hartford, one thousand families are on the waiting list for public housing. The average Hispanic household is 4.3 and around 40 per cent of the inner city families in private housing are living in overcrowded conditions (more than one to a room). In most of the apartment houses in the survey conducted by La Casa, substandard living conditions prevailed and 30 per cent of the buildings were in violation of the housing code.

Some efforts are being made to alleviate this critical problem by HUD and by community groups such as La Casa de Puerto Rico which is in the initial stages of developing a pilot homesteading program whereby the city will sell abandoned six-family building to six families who will obtain low-interest loans to rehabilitate the buildings. The families must be directly involved in the rehabilitation process in order to receive the low-interest mortgages.

HUD has a rehabilitation program, 203B, for families who only have to produce 3 per cent of the first $25,000 and 5 per cent of the remainder in order to qualify for a low-interest mortgage. In case of default, HUD will take the mortgage on assignment from the bank and will allow the owner to make "good faith" payments in order to avoid foreclosures.

Under HUD's 235 Program, the government will subsidize low-interest rates; as little as 4 per cent for a maximum loan of $38,000, the selling price not to exceed $45,000. For a four-bedroom single-family dwelling the loan cannot

exceed $44,000 and the selling price cannot be more than $52,800. In order to be eligible, a family of four must have a maximum income of $16,650. Further information can be obtained from Mr. Frank Owens of the Hartford office of the U.S. Department of Housing and Urban Development (HUD), telephone 244-3640.

At the 1979 Connecticut Association for Human Services conference in Hartford, the following recommendations for improving the housing situation for Hispanics were introduced:

1. Increase the supply of private and public housing, especially for large families;
2. reduce the cost of housing and work to increase incomes;
3. expand the opportunities for ownership;
4. provide access to programs by disseminating more information in Spanish.

[1]*The Housing Crisis and the Hispanic Community*, La Casa de Puerto Rico, Wadsworth Street, Hartford, 1978.

SOCIO-CULTURAL ASPECTS OF THE HISPANIC COMMUNITY

Approach to Cultural Studies

Identity — An individual has more than one identity, depending on a given situation. In other words, identity is a function of who the other person is. Behavioral expectations are based upon the "who" that we identify through a set of clues. The problem is; how do we interpret clues accurately in order to come up with the right *who* when our own cultural biases subjectivize the information?

The following simple exercise can illustrate the problem. Remember that we are all guided by social rules and those rules are governed by our status within the society.

Exercise — Using Sheet # 1. In Column I write down all those people with whom you come in contact during a day, labelling them according to status (i.e., gas station attendant, policeman, your boss, neighbor, client, etc.). In Column II write down your relationship to them also by status (*who* you are in relation to *who* they are).

In Column III write expected behavior or role; and in Column IV indicate if the individuals conformed to your expectations. What happened if they did not?

Reflection — Were the statuses acquired through birth, choice, education or money? How difficult would it be for your "field subjects" to change their social positions and how could it be accomplished? Were your status labels given based upon dress or behavior? Which clues were visual and which were oral? Were both labels and roles assumed or learned?

As you come in contact again with these same people, try to place yourself in their shoes. How would your behavior differ?

Column I	**Column II**	**Column III**	**Column IV**
Who They Are	Who You Are	Expected Behavior	Realized Behavior

Traditional Hispanic Value Systems

The values of a group are a fundamental part of its culture and are reflected in the language, customs and beliefs of the group. By values, we mean those qualities of a human social group which are deemed desirable and which are perpetuated through the mores of the group. They can be explicit or implicit, absorbed by members of the group with little awareness that the process is taking place.

Values are learned early in life and are maintained and reinforced through group affiliation. An understanding of these values is absolutely necessary for effective intergroup communication.

So many of the old traditions have been disrupted and altered through close affiliation with the Mainland that it is difficult to describe a norm. The following values are the ideals of a traditional Hispanic culture.

Valued highly is the concept of *personalismo,* the recognition of the importance of each individual on the basis of inherent worth and personal *dignidad* (dignity). Each person is judged according to those inner qualities which make a human being worthy of *respeto* (proper respect). Economic circumstance and social status have little to do with the ideal of *personalismo*. The former often outweigh the latter in the U.S.

The belief in *personalismo* tends to foster trust in the individual rather than in institutions. This contributes to the fact that Hispanics find it difficult to seek help from an institution which places little value on their inherent worth. They will also avoid dealing with agency personnel who fail to show them proper respect.

Dignidad and *respeto* go hand-in-hand. These aspects of *personalismo* are sustained by a system of deference whereby men are very careful to treat each other with formality and respect. Failure to show proper *respeto* violates a man's *dignidad* and is a direct blow to his *machismo*. Children particularly must show proper respect for parents and elders.

Machismo frequently is defined as an exaggerated sense of masculinity, assertiveness, virility and dominance over women. Anglos often have difficulty accepting the notion of *machismo* and hastily condemn it as repressive. It would be much more constructive if we were to utilize the strengths and positive aspects of *machismo* and to resist the temptation to judge Hispanic values from our own very limited frame of reference.

The quality of *machismo* is exemplified by courage and in the extreme, *bravado,* often characterized by drinking and gambling; physical and emotional strength; the ability to elicit proper *respeto;* leadership qualities and personal magnetism. *Machismo* is also associated with sexual prowess. Men are expected and encouraged to have as many exploits as possible; at the same time they jealously guard the honor of their womenfolk.

Several things are intolerable to a man;

an attack on his manhood;
direct humiliation or insult;
an attack on the honor of a female in his household;
disrespect for his mother.

Denigrating one's mother is one of the very worst insults in Spanish. A man's duty to his mother also supersedes his duty to his wife.

The traditional roles of the Hispanic male and female are rapidly being altered by contact with Mainlanders. Increased awareness of female sexuality, the mobilization of women as part of the work force, and the availability of educational opportunities for women are threatening the traditional values of the old world.

Being an Hispanic man requires a firm control over one's family and mastery of the kind of activities which are a man's responsibility. As a father and husband, the male remains somewhat aloof and is expected to avoid displays of sentimentality. He is the supreme disciplinarian; often children will conspire with their indulgent mother to hide problems which might bring on the wrath of their father.

Men are given a great deal of latitude in marriage, and extra-marital affairs are indicators of the degree of masculinity. The custom is somewhat of a paradox because women who will complain about unfaithful husbands will also boast about their fathers' exploits and encourage their sons to do the same. It is not uncommon for a wife to be aware of her husband's mistress; the two women may even become collaborators, although most frequently they are antagonists. The Rogler-Hollingshead study describes these relationships.*

Women are not expected to be sexually aggressive and an adulterous wife would be totally unacceptable in this society. The wife is seen as the property of the husband whose primary task in life is to raise the children and to provide for the needs of the husband. Women are taught to be submissive and tolerant *(conforme)*. A *conforme* wife who understands her husband and does not complain is greatly appreciated. Just as a man's mother retains her authority throughout her life, a woman will usually give priority to her children.

Courtship and Marriage

Sex roles are defined early in life. Boys learn sexual behavior from their fathers and older brothers. Sex is not openly discussed in the family because that would violate the *respeto* children owe their parents. Children observe practices and attitudes towards their mother and their father's mistresses. Promiscuity in boys is indulgently chuckled at, secretly admired.

Girls, on the other hand, are vigilantly protected. They are taught that chastity is the ultimate objective of their training. The loss of female virginity is seen as a disgrace to the whole family and is not usually tolerated. The same mother who promotes *machismo* in her sons keeps her daughters under strict surveillance to protect them from such boys.

This attitude creates frustration for the adolescent females. Often they must resort to clandestine courtship. If a boy exhibits an interest in a girl and is accepted by her family, he will be invited into her home, *la entrada*. All courtship is expected to take place in the home under the watchful eyes of the parents and *la entrada* is construed as the first step towards marriage. Young people were always chaperoned. These customs are weakening today, particularly in one-parent homes.

For the girls who are forbidden any contact with their boyfriends there are two options: to break off the relationship or to carry on a secret romance. The latter invariably leads to discovery and violent conflict with her parents which often results in an elopement.

*Lloyd Rogler and August Hollingshead, *Trapped: Families and Schizophrenia*. John Wiley & Sons, N.Y., 1965.

There are two types of marriage which are acknowledged in the Puerto Rican community: the consensual union and the official union. The consensual union begins when a couple starts to live together. Frequently a consensual marriage will result from discovery of a sexual liaison by the woman's parents. The young man might be told by his woman's father that it is time for the two lovers to establish their own home. It is said that once it is public speculation that a daughter has lost her virginity, she is no longer expected to live in her father's house. The girl's parents will usually insist on marriage. The consensual union is usually taken more seriously by the wife, who considers herself married when she gives herself to her husband. From the husband's point of view, however, consensual marriage is not as binding as legal marriage.

According to Rogler and Hollingshead, legal marriages tend to last slightly longer than consensual marriages, but are not necessarily different in nature nor are they better. In many cases the consensual union will eventually end in a legal union, particularly if the couple migrates to the Mainland and wish to conform to Anglo norms.

Family Structure

The traditional ideal of a family puts the father at the head of the household. He makes all the major decisions and supports the family. There are strong bonds between a wide range of natural or ritual kin. This extended family provides a continual base of support emotionally and economically, particularly in Puerto Rico. Recently, however, there has been increased dependence on public sources, such as welfare and employment agencies. Among the urban poor of both the Island and Mainland, the family structure is matrifocal; which means the household is centered around the female and the male provides a marginal role. Throughout the Caribbean matrifocality is often associated with consensual unions, sometimes with a succession of males so that the basic family unit consists of mother and children. This also results in one family with children of different fathers living together. It is also not uncommon for one man to control several different households simultaneously. It should be noted that on the Island in such a situation, discipline is often provided by a male member of the extended family. However, on the Mainland this custom is more difficult to perpetuate because the extended family is not always present.

The traditional family unit is the backbone of the Hispanic society. Parents, grandparents, aunts, uncles, cousins, children all have a role within the extended family structure. Social conditions in the countries under Spanish colonial rule forced the people to take care of their own unemployed, sick and elderly within the family rubric. The closely knit family units provided all the support its members would need in life.

Included in the extended family are *compadres*, the godparents of one's children. When a child is born the parents ask another couple to act as godparents at the baptismal ceremony. These godparents become the *compadres* of the parents and can be depended upon to the same extent that true relatives might. The *compadres* are an integral part of the lives of their godchildren. The godfather is the *compadre;* the godmother, the *comadre*.

The authority of the parents has been traditionally unquestioned. Children are taught to lower their heads when being reprimanded or advised. The elderly are cherished and taken care of and should be treated with dignity. The idea of shuffling the elderly off to a convalescent home is almost unheard of.

Children are expected to help take care of their younger brothers and sisters. Girls are taught to help with domestic chores and are raised with the ultimate goal of becoming good wives and mothers. Boys help their fathers. Duties are taken seriously and often, if a parent should die, the oldest son or daughter assumes the parental role. Keeping the family together is vital.

Migration to the Mainland has affected many of these customs. Fathers feel they no longer have unquestioned authority over the family. The new social freedom along with the new roles for women threaten the traditions of Hispanic life. The conflicts over evolving social values and the resulting anomie cause family disharmony that can destroy its unity.

Foster Care

Because the family is such an important institution, Hispanics will try to keep their families together at all costs. There are, however, situations where the break-up of the family becomes unavoidable. When these cases arise, foster homes are needed in which to place the children. It is felt that it's important to provide Hispanic foster homes for Hispanic children. The reality is that there is a shortage of Spanish-speaking foster parents and the need is constantly growing. For the period from January to July, 1979, there were 238 requests for foster homes for Hispanic children in Connecticut. During that same period, there were only 88 spaces available. Once the child is placed, what happens to him or her? There is very little chance the child can be adopted: few Hispanic families would formally adopt a child. Then the decision of returning the child to its biological parent(s) must be made. Often the lines of communication are closed because of the language barriers. The issue of the extended family and its part in informal foster care arose at the 1979 Human Services conference. Many caseworkers feel that a concentrated effort should be made to contact extended family regarding the placement of a child. Institutionalization is insidious to the Hispanic and it is very common for them to voluntarily take in those family members in need. In fact, many of the existing certified Hispanic foster homes were certified because the child had informally been "adopted" and cared for.

The need for more bilingual/bicultural caseworkers is severe. Anyone wishing to make a referral or get more information should contact Virginia Adams of the Centralized Homefinding Unit, Department of Children and Youth Services, State of Connecticut. She is a bilingual and bicultural social worker. The Institute for the Hispanic Family in Hartford is also a source of information.

There should be a much greater effort on a statewide basis to recruit and train Hispanic families about the critical foster care needs of Hispanic children, including the handicapped.

Culture Clashes

A value or custom that is part of one culture might be totally unacceptable in another. For example, competitiveness and ambition which are encouraged and admired in the U.S. are considered as selfishness and aggressiveness in the Latin culture. What Latins might call contentment, Anglos will label under-ambition. This is why it is so important to provide bicultural as well as bilingual caseworkers. Nonverbal communication and cultural biases are just as important as linguistics. Being aware of these differences will enable us to comprehend behavior that is often deviant from our own points of view.

The following will illustrate these differences:

U.S. Anglo	Latino
1. *Competitiveness* and curiosity of children are admired. Children are encouraged to be self-sufficient. Emphasis on the importance of the individual.	1. Autonomy is discouraged. Children are taught not to compete — the good of the whole group is more important than the individual.
2. *Promptness* is considered a virtue and tardiness an insult. Time is money. Life is an orderly sequence. There's an emphasis on schedules.	2. Prompt people are sometimes thought to be aggressive. Life should be lived as it comes with minor regard for schedules.
3. *Privacy* is valued and achieved in terms of space. Two strangers sharing a table in a crowded restaurant is unthinkable.	3. Latins can maintain their privacy by withdrawing into themselves. It is common for strangers to be seated together.
4. *Socializing* is centered around an activity and usually takes place indoors. People do not just "hang around" on the streets to visit with their friends.	4. Latins socialize in groups by talking and discussing, outdoors if possible. The town plaza serves as a meeting place to exchange news and views. The custom is often seen as loitering by Anglos, while it is very important to Latinos.
5. Emphasis on *materialism* and achievement. The goal of life is to make the individual more comfortable materially.	5. Emphasis on *spiritual* and personal characteristics. There's a belief in the innate dignity and worth of the individual.
6. Man controls his own destiny and has control over nature.	6. Fatalism prevails; the universe is controlled by exterior forces.
7. Greater equality of sexes; roles are sometimes interchangeable; women are more independent.	7. Man protects, shelters and controls his women who depend on him and obey him. Roles are clearly defined.
8. Friendships are often taken casually; the word friend in English does not necessarily mean responsibility.	8. Friendship means complete loyalty and commitment, the highest form of friendship being the *compadrazgo* system.
9. Impulsive.	9. Cautious.
10. Interpersonal relations are rational and realistic; peer grouping is usually by age.	10. Relations are more subjective and emotional; peer groupings are by sex.

11. Youth-oriented with an emphasis on the future.	11. Elders are more important as is the past and tradition.
12. Touching is not important in communication; reasonable body distance is maintained between people. Touching is OK between members of the opposite sex, but is threatening between two members of the same sex.	12. Touching is important in human relations. Latins often touch each other to emphasize a point. Touching members of the opposite sex in public, unless married, is frowned upon.
13. Coming to the point in conversation is important. Logic plays a key role in discussion.	13. Some things are better left unsaid; frankness may be considered rude; issues are often emotional.
14. Children are encouraged by openly praising them in front of their peers.	14. It is unwise to publicly praise a child because it might embarrass her/him and make others jealous.
15. Children are told to look adults "in the eye" when being scolded.	15. Children lower their eyes when being reprimanded by an adult as a sign of respect.

The Barbie Doll Culture

Perhaps no one item of popular Americana so poignantly illustrates our idealized American culture as Barbie. Over the past 20 years Barbie has reflected the times as she has grown from an adolescent into a glamorous twenty-year-old woman. The essence of Barbie is clothes, boyfriends and possessions. She went to college (but had no books) and drove around campus in a sports car.

An estimated 6,000,000 Barbie dolls are sold a year, excluding her "friends" and her accessories.

If we were to examine Barbie's qualities, our list would include:

Inexhaustible financial resources
Material possessions
A college education
Lots of equally rich friends and boyfriends
Physical beauty
Beautiful clothes

Five out of six of these qualities are "stripables." Take them away from Barbie and what is left?

Keeping in mind what you've learned in the unit on values and the concept of *personalismo,* design a Hispanic Barbie, a doll that Hispanic children can relate to. Describe her house, her clothes, her friends. List all of her personal qualities.

Body Language

One very important aspect of communication in Hispanic groups is touching, something Anglos do little of and often find insulting. Normal everyday greetings among Latins involves physical contact of some kind. Women friends hug, touch, or walk arm in arm. Anglo women will rarely do this. When Latin men friends meet there is a hand shake, a beating on the backs, maybe a hug. In conversation, to emphasize a point, the speaker will repeatedly poke the arm of the listener.

The town plaza provides the appropriate setting for socializing.

Body distances are much closer between Latins. When they are standing together talking, their heads might be bent together and their bodies a few inches apart.

Smiling is a frequent way of girls acknowledging each other. Girls, however, may not smile at a boy or man without it being interpreted as a "come on." It is permissible and common for men to stare at women, to smile at them, and make comments. Girls should not do the same to men.

It is absolutely necessary among Latins to acknowledge the existence of others, either by a nod or a wave or hello. Newcomers are made to feel welcome; they are not ignored.

In Puerto Rico there is constant playful kidding and teasing, referred to as *relajo*. It's an important part of socialization. "Kidding" cannot, however, become insulting, for that is a serious offense.

In *money matters* it is most important to understand Hispanic protocol. Latins who lend insignificant amounts of money to a friend do not expect to get it back in kind. It is insulting to have such loans returned. That is not to say debts go unpaid. Borrowing without returning is taboo, but the debt is usually repaid in the form of a favor or a treat. By settling accounts quickly and in kind the borrower is essentially calling the lender stingy and mercenary. To imply that a Latin is money-minded is a great insult. Instead, small and large favors are done to erase debts. Friends and relatives rarely visit each other without bringing flowers or food or some thoughtful gift. But money is never given as a gift. That is demeaning. Tipping is also a strange custom to the Latin, particularly among peers, although it is acceptable in a restaurant.

Movement of the body is another area of difference between *Latinos* and Anglos. The latter's attitudes are steeped in Puritanism which discouraged too much movement, too much noise, too much emotion. The Latin will move all parts of the body separately but flowingly. The Anglo, on the other hand, will be more rigid, carrying the body as if it is one unit. This can be illustrated in the dance, a very important part of Puerto Rican culture and Caribbean culture in general. The *Plena, Salsa, Merengue,* and the *Hustle* are popular dances on the islands. Disco-mania on the Mainland can be traced irrefutably to the Latin Hustle introduced by Puerto Ricans in New York City.

Exercise: If your agency employs both non-Latin and Latin personnel, have them act out a situation using the preceding information. For example, two acquaintances meet each other on the street, decide to have lunch together; one person has no money, etc. Dramatize the event for five to ten minutes and then have the Anglo and Latin switch roles. Have the spectators indicate what they observed and then have the players tell how they felt and what they learned.

Religion

Latin American countries are normally described as "Catholic," but if we examine the manifestations of religious beliefs in the Caribbean more closely we find a unique brand of folk Catholicism which is a combination of Indian and African remnants of the past along with the formal teachings of Rome.

Traditionally there has been a rift between the masses and clergy because of the religious colonial approach of the Spaniards. The clergy attempted to impose their European catholicism on the Islanders, but the old beliefs were far too ingrained to be forgotten. This, along with the fact that for centuries the Church did nothing for the masses on a practical or tangible level, caused a lack of trust and interest in the formal Church.

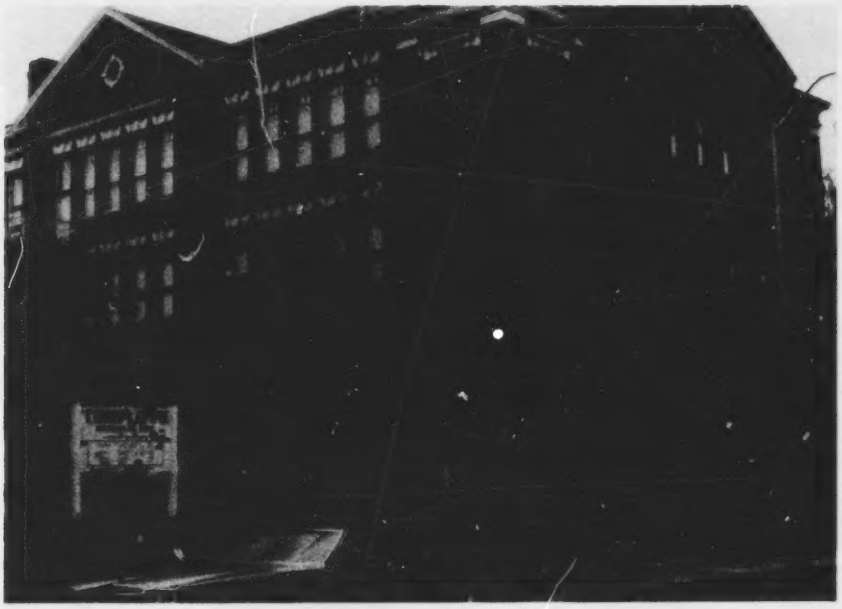
This is not to say that the people aren't religious. On the contrary, religion plays a very important role in their lives. But theirs is a "cottage" religion, not an institutionalized one. They practice their "creole" religion in their homes, which are often adorned with statues of saints, candles and images. Mass attendance has little to do with being religious. The Church is seen as an

institution involved with baptisms, weddings and funerals, but is not important in day to day living.

In Puerto Rico some Borinquén Indian and African gods have been maintained in Catholic garb. When the African slaves were brought to the Caribbean, their religious beliefs intermingled with those of the native Indians. When the Spanish arrived, the Catholic missionaries failed to stamp out these beliefs and rituals and so they have been preserved under Catholic labels.

Extensive collections of statues, many of which are Black and Indian, and other religious paraphernalia can be found in the *botanicas* of our Puerto Rican neighborhoods. The *botanica* is a sort of drugstore specializing in folk medicinal products, potions, candles, statues, books and other ritual items. This store is a vital part of the Hispanic community.

Spiritualism is discussed more fully in the section on mental health.



Templo Fe on Broad Street in Hartford, a large Pentecostal church

Protestantism

Protestantism has experienced phenomenal growth in Latin America in recent years. In Puerto Rico and on the Mainland the Pentecostals are the most evangelistic and rigorous of the groups. Their churches are usually small autonomous "store fronts" which are self-sustaining. The members are tied together by mutual beliefs, concerns and brotherhood. High moral values are demanded of each member; they are not allowed to smoke or drink or behave immorally. There is much emphasis on Bible study and each member participates in the leadership and responsibilities of the church. Some of the larger congregations support a full-time pastor, such as the *Templo Fe* in Hartford which has a large facility, a library and offers an entire range of activities for all age groups. This Church has a tremendous sphere of influence in Hartford.

Sociologists believe that the rapid growth of sects and other independent churches in the Puerto Rican community is attributable to three main factors.

First, as we mentioned earlier, there has been some disenchantment with the Catholic Church which has only recently begun to address itself to the realities of the poor.

The second factor is *anomie* (the breakdown of traditional social structures) caused by the infiltration of the American way of life. Intensive involvement with a congregation fills a vacuum created by the loss of meaning and clearly defined norms which are the result of being uprooted. Group commitment provides a sense of purpose and an ideology which helps to compensate for the loss of tradition.

Last, on a pragmatic level, the group offers a refuge in times of crisis. The congregations are mutual aid societies, providing emotional, spiritual and financial support to its members. In a recent survey that the Hispanic Health Council conducted in Hartford, it was found that many Hispanic mothers who belong to Pentecostal churches will call their pastor before calling a doctor when their children are sick in order to get a "circle of prayer" going as soon as possible.

There are also sizeable Baptist and Presbyterian Puerto Rican congregations in Connecticut.

First Spanish Baptist Church, Park Street, Hartford.

Catholicism

While the majority of Puerto Ricans are nominally Catholic, active involvement in Catholic churches on the Mainland is only about 20 per cent of the Puerto Rican Mainland population. There are very few uniquely Puerto Rican parishes because the Church made a concerted effort to integrate ethnic

parishes. Most congregations with a large Hispanic membership have a Spanish-speaking priest, usually in conjunction with another ethnic priest. For example, the largest Puerto Rican congregation in Connecticut is in the Sacred Heart parish of Hartford, with 1500 Spanish-speaking members. Father Segundo LasHeras is called the "Spanish priest" of this joint German-Spanish parish.

Researchers believe that on the Mainland the trend is for an increase in Puerto Rican Catholic Church affiliation, as more and more services are being offered. This is particularly true of second generation Puerto Ricans who are in the process of absorbing the Anglo middle class norm of a traditional church membership and who find it impossible to adhere to the strict dogma of the evangelical fundamentalists.

Leisure Activities

Sports

Baseball is by far the number one sport in Spanish-speaking Latin American countries. The version played now is U.S. baseball, but variations of the game go back to Indian times. The first Puerto Rican who played in the major leagues was Luis Rodrigues-Olmo, who played in the forties. Some of our finest U.S. major league players today are Hispanics: Tony Perez, Luis Tiant, Dennis Martinez, Diego Segui, Sandy Alomar, Rod Carew, Eduardo Figueroa and Willie Montanez are just a few. No baseball fan will ever forget Orlando Cepeda, or Roberto Clemente, a Puerto Rican national hero who was killed in 1972.

On the Mainland baseball is a very popular activity and many of the Spanish social and cultural organizations have volunteer teams.

Basketball, volleyball, boxing, track and swimming are also popular sports.

Gaming

Without a doubt, the game of dominoes is the major pastime. Men sit for hours playing or watching dominoes matches, which are played quite seriously with great strategic skill and enthusiasm. The last time this author was in Puerto Rico she was told only half jokingly that dominoes was not for women.

Cockfighting is still an important gaming activity in the Caribbean. Puerto Rico itself has over one hundred cockpits. In many of the barrios on the Mainland cockfighting continues to be a favorite pastime.

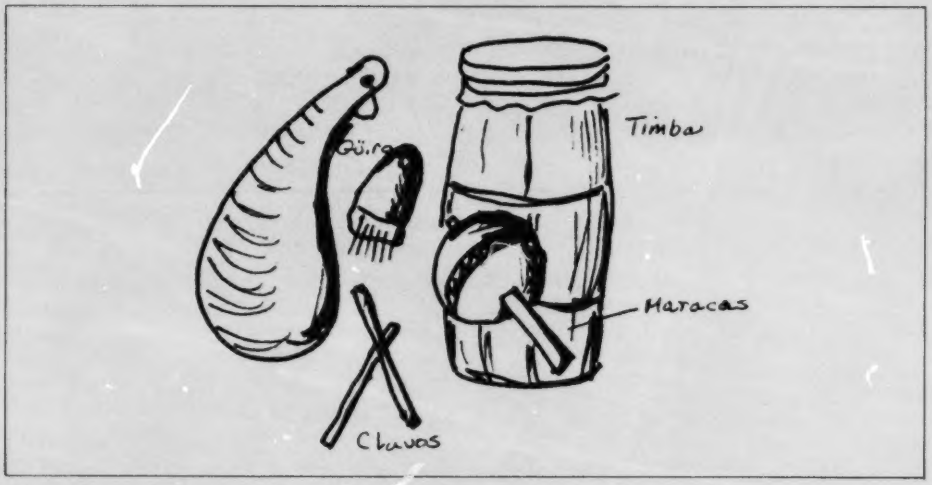
Horseracing is another popular form of gaming and the elegant track in San Juan provides the Island with a $60 million per year industry.

Other betting takes place through the government lottery and the illegal *bolitá* (local numbers games).

Music

Music and dance are integral parts of Latin American expression. Their musical instruments reflect the past. *Maracas, clavos* and *guiros* (gourds) are part of the Indian heritage. The *timba* was brought from Africa; guitars and brass instruments came with the Spaniards.

Dances like the *Plena* and the *Danza* are graceful and romantic. The newer *Hustle* is more lively, but is equally elegant and precise in movement. New



Instrumentos Musicales

York's Puerto Ricans are credited with originating the Latin Hustle which is the forerunner of discodancing as we see it today.

In addition to the above, group socialization is an important leisure activity. Friends meet to discuss politics and other issues of the day, problems and frustrations, as well as good news. Meeting together with friends also provides the setting for the tension-releasing custom of *relajo*. *El relajo* is the teasing and friendly sparring that goes on between friends and relatives. The word actually means relaxation in Spanish, but has come to mean joking and clowning among Puerto Ricans and Cubans.

Holidays

As part of the United States, Puerto Rico celebrates the same legal holidays which we celebrate here. In addition to these holidays, there are those which are uniquely Puerto Rican.

Discovery Day, November 19, commemorates the arrival of Columbus in 1493.

Christmas *(las Navidades)* is celebrated on the Island on December 25 as it is here, with Santa Claus arriving with gifts and a tree. The season officially begins with midnight mass on December 24 *(noche buena),* followed by a feast that might include roast pig, sausages, eggnog and other traditional goodies. It is a time for visiting, eating, drinking and carol singing *(parandas).* This continues through January 6, which is Epiphany, or *Dia de los tres reyes* (Three Kings Day). This is a religious holiday when children make small boxes of water and grass which are placed under their beds. In the morning the boxes contain gifts which were brought by the three kings.

Carnival is celebrated with parades and music and masquerading, but in Puerto Rico it is celebrated in June. In other Latin American countries carnival is part of the Lenten period just before Easter.

Each town has its own patron saint and numerous local saint holidays are celebrated for several days. During these *fiestas patronales,* the towns are decorated with lights and banners; there is plenty of music, food and partying.

On July 25 Puerto Ricans celebrate Independence Day, marking the day the Island became a Free Associated State in 1952. The holiday is much like our own July 4 with fireworks, parades, food and music. However, the holiday is not acknowledged by *Independentistas* or pro-Statehooders. It is mostly a government-sponsored activity.

Spanish Surnames

Anglos should understand the structure of Spanish family names in order to avoid addressing them incorrectly. *Example:** Señor Héctor Gonzáles Díaz is married to Maria Ramirez. Gonzáles is the family name of Héctor's father and Díaz is his mother's family name. Héctor formally uses both names but is called Señor Gonzáles. Maria keeps her father's name, Ramirez, and adds her husband's family name, often adding a "de," e.g., Maria Ramirez de Gonzáles. On very formal occasions all four parental family names might be used, e.g., Héctor Gonzáles Campo y Díaz Colón (his father's and his mother's complete names).

*Any connection between the above fictitious family and real people is purely coincidental.

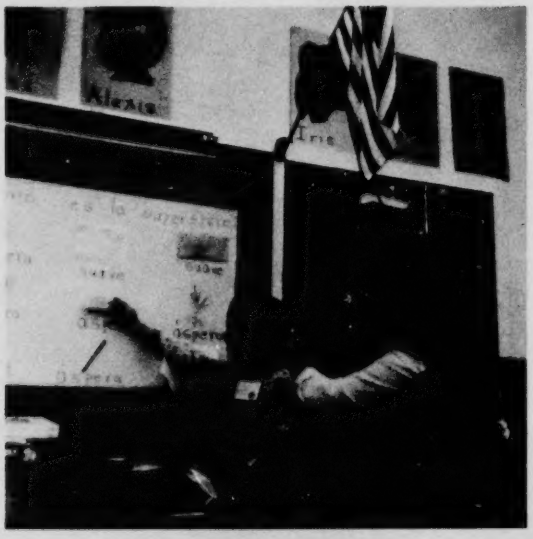
EDUCATION

Bilingual Education

According to the Connecticut State Department of Education Research Report No. 1, 1978 Series, there were approximately 30,000 Hispanic children enrolled in Connecticut public schools in September, 1977. The obligation of our public schools to comply with Title VI of the 1964 Civil Rights Act to ensure equality of educational opportunity raises complex social and legal issues. *Bilingual bicultural education* is the use of one's native or significantly dominant language *and culture* as a basis for learning basic skills until the English language ability has been developed sufficiently.

The bilingual programs have in many cases been unsuccessful in terms of providing true bicultural education. Just providing an ESL (English as a Second Language) program is clearly not sufficient. School districts are still experimenting to try to find the best way to accomplish equality of education in an economically feasible way. State and federal law mandates equal educational opportunity; responsibility rests with the schools to provide it. But the real issue is the effectiveness of the program.

A Connecticut law passed in 1977 states that any school with twenty or more students of a language group other than English must be provided with a bilingual program.



A bilingual class in Hamden

This law has fostered some hostility among non-Hispanics who do not understand why their parents and grandparents managed without bilingual education. The argument is totally irrelevant: 1) because denying equal education to one generation is no excuse for denying it to another; 2) the immigrants made it in spite of their difficulties in the English-speaking world, not because of them; 3) we know a lot more about personal development than we did then;

and 4) Hispanics are U.S. citizens and have migrated at a point in history when language skills and academic achievement are necessary commodities.

The problems of the Puerto Rican student are numerous. An irrelevant curriculum content, poor English comprehension, culture conflicts, minority status, an attitude of hopelessness and a poor self-image are some of the factors which contribute to low academic achievement.

Research conducted by Padilla and Long (1969, 1970), suggest that Spanish-American children and adolescents can learn English better and can adjust to American life more easily if their own linguistic and cultural ties with the Spanish speaking world are kept alive and active. It is also the contention of these researchers that successful academic learning can take place only if we administer to the social-psychological needs of the child.

The Bilingual Education Act represented a legal, moral and financial obligation to 1) provide equal educational opportunities to non-English speaking children; 2) to strengthen non-English speaking pupils' self-concept and skills; 3) to promote bilingualism among all students.

The value and benefits of knowing two languages are well documented. Studies conducted in Canada (Lambert and Anisfeld, 1969; Cummins and Gulutsan, 1973; Scott, 1973; and Lambert, 1977) indicate that bilingual children show definite advantages over monolingual children in creativity, cognitive flexibility, auditory reorganization; and they performed better in concrete operational thinking (Lambert, 1977). Similar studies in Switzerland (Balkan, 1970), South Africa (Ianco-Worrall, 1972), Singapore (Torrance, Gowan, Wur, Aliotti, 1970) and Israel and New York (Ben-Zeev, 1972) support the findings of the Canadians.[1]

It is rather ironic that while we spend billions trying to teach foreign languages to students who are already too old to acquire a second language, we also discourage Spanish-speaking children already in possession of a "foreign" language from retaining it, and even make them feel inferior because of it. Hopefully the attractiveness of bilingualism will encourage children of all social and linguistic backgrounds to learn two languages and two cultures. The Spanish-speaking children are a natural and invaluable resource in the schools and should be cherished as such.

Ethnic Studies and Self-Concept

Cordasco (1973) states that ethnic studies are just as important to the Puerto Rican student as language study. The history and culture of the group seen as a positive contribution to the American scene are thought to be as important for the student's affective development as language is to cognitive development.

Cordasco further states that the self-images of Puerto Rican children in mainland schools have been greatly increased by the use of Spanish and by the introduction of Puerto Rican history and culture into the curriculum. Cultural and ethnic studies in the schools not only stimulate the group members' feelings of self-worth, they also serve to inform outsiders about the history and traditions of their ethnically diverse peers.

The Hispanic Pupil in an Anglo School

What happens to the children who have not yet learned to read and write their own language when they are thrown into an English school? Sometimes when these children are tested they are classified as severely handicapped and are put back several grades or they are labelled mentally retarded. Although federal law requires that children be tested in their native languages, in many instances the tests are merely translated and the content remains culturally biased. This crosscultural testing of non-Anglos in an Anglo environment and the resulting "labelling" of Hispanic children as deficient presents a variety of problems. We have already discussed the effects of a negative self-image and how it influences learning. Imagine how a child who is normal in his/her own society feels when he/she is suddenly considered stupid or deficient in another. Some of these children who begin life on the Mainland in such a situation never recover. La Casa de Puerto Rico, in *Where Do We Go From Here?*, reports that in 1973 ninety per cent of all Puerto Rican students in Hartford dropped out of school before graduating. Meanwhile, in the decade between 1968 and 1978 the number of Hispanic pupils in the Hartford schools grew from 15,977 to 29,524.[2]

We are challenged to find an incentive that will motivate these dropouts to finish high school. The task is not easy because in many cases they will still be unemployable, even with a diploma.

The bilingual/bicultural program is by no means a complete answer to these basic problems. Sometimes children who are put into such a program will emerge with two incomplete languages, without functional literacy in English or Spanish. The young Spanish-speakers in the U.S. face three problems with their own language. They incorporate many English words into Spanish sentences because their Spanish vocabulary is incomplete. The English words they use are often given Spanish meanings, and they have difficulties with pronunciation.

[1] "Locus of Control, Social Class, and Learning," Bilingual Education Paper Series, Vol. 1, No. 7, Feb., 1978. Los Angeles: National Dissemination and Assessment Center, California. State University at Los Angeles.

[2] *Where Do We Go From Here?*, 1978 study of the education of Puerto Rican students in Hartford, published by the Casa de Puerto Rico.

MENTAL HEALTH AND ETHNICITY

Effective psychotherapy is contingent upon good patient-clinician communication. One of the major problems encountered in trying to treat Hispanic patients is the hesitancy on the part of the patient to speak about personal affairs such as sexual problems, family relationships, values or spiritual matters not understood or accepted by non-Hispanic therapists. The language barrier is also a very real handicap; providing a translator is not enough. Often the responses are condensed and interpreted by the translator. The time involved in translating the dialogue also breaks the train of thought. Subtleties of language and non-verbal communication may also be lost in such an interview.

"Without programs that are purposefully planned, staffed by clinicians whose training has equipped them with cultural awareness and clinical knowledge necessary to provide effective treatment to Puerto Ricans and other target populations, cross-class and cross-cultural misunderstandings between ethnic minority patients and mental health professionals will continue to impede service delivery." [1]

It is essential for professionals to become sensitized to the socio-cultural orientations of their patients to not only provide a comfortable setting for the sessions, but also to make an accurate diagnosis and treatment plan.

While *effects* of mental disorders are a human phenomenon and may not be culturally defined, the *causes* of such disturbances are perceived differently from culture to culture. In Western psychiatry we attribute mental illness to a biological disorder or to a traumatic experience. Metaphysical causes are generally not recognized by our clinicians when in fact to the patient from a less technological society they may be undisputed facts.

Though causation may vary sociologically, the methods of coping with mental illness are strikingly similar. E. Fuller Torrey *(The Mind Game: Witchdoctors and Psychiatrists, 1972)* defines four principles of therapy which are common to all cultural groups.[2]

The first is the "principle of Rumpelstiltskin" which suggests that true communication between patient and therapist exists only when the two share language and world view. The *therapist must understand* the patient's interpretation of the causes and nature of his/her disorder, as well as the expected treatment. The diagnosis within a cultural context is vital to the cure.

The second principle of effective psychotherapy involves the patient's ability to relate to the therapist as a human being. In other words, effectiveness of the therapy depends on the personal characteristics of the clinician — the way he/she is perceived by the patient. Empathy, warmth, sincerity are extremely important.

The third principle that Torrey mentions is the Edifice Complex — namely, the accouterments of the therapist, including credentials, training, reputation and paraphernalia. In the U.S. these would be translated into impressive diplomas from good schools, publications, pills, a fancy office. In a less sophisticated society the "edifices might be concoctions, rattles, observed supernatural powers of the 'healer.' "

In any setting the combination of these factors will create a confidence in the healer which is therapeutic in itself. If the patient expects to be healed, usually a cure will follow.

The fourth element of psychotherapy, Torrey claims, which is common to all cultures, is the technique itself. Confession, group therapy, psychodrama techniques, dream interpretation and suggestion are present in some form in both folk and western psychotherapy sessions.

Although it is unrealistic to pretend that a therapist could share both culture and language with all of his/her patients, it is crucial for the clinician to at least be aware of some of the cultural phenomena which affect a patient's attitudes towards causes, treatments and effects of his/her illness.

Frequently Hispanic patients entering mental health clinics in the U.S. attribute their mental anxieties to external supernatural forces. While such spiritual beliefs are dismissed as superstition by the western psychotherapist, they may be very real to Hispanic patients. Some estimates indicate that 80 per cent of our Puerto Rican population use spiritual centers to help them cope with health problems.[3]

The therapist's awareness of these basic beliefs, which permeate all segments of the Hispanic society, is vitally important. A lack of knowledge of such an influential psychic phenomenon of the patient's world may often lead the clinician to an improper diagnosis. The believer in *espiritismo* who seeks help for mental problems in a U.S. clinic finds him/herself in a dilemma. Fear of being ridiculed or labelled *loco* will often prohibit the patient from communicating his/her real concerns to the therapist. Second, such a patient who believes his/her problems are caused by spiritual forces, will certainly lack confidence that the problem can be cured within a clinical context. Thus the patient is deprived of two of the fundamentals of effective therapy, "the Rumpelstiltskin Principle," and faith in the healer. Most Hispanic patients will seek medication to control the effects of their mental disorders at the clinic, while seeking a cure for the *causes* within their own socio-cultural setting, i.e., the *espiritismo centro*. (Garrison, 1977; Abad, 1979)

One respondent in the Rogler/Hollingshead study in Puerto Rico stated:

> "If psychiatrists were to know about spiritualistic matters, they would be doctors in the broadest sense of the word. When a doctor does not know about spiritualistic matters, he should consult with a spiritualist, and in this way they could come to an agreement. Spiritualists would treat the spiritualistic part of the problem and thereby rid the individual of possible evil spirits. Psychiatrists could treat the nervous system, if this were affected. There would be much more success."[4]

Spiritualism

Espiritismo is the belief in metaphysical beings which influence the visible world. Their belief in a spiritual world is certainly not unique to the Hispanic people. Most non-technological societies stress the spiritual forces of nature. Folk medicine is a holistic form of treatment, taking into account the nature of man, his environment, his relationship to the physical as well as the invisible world. Folk practices for healing health problems are orally transmitted from person to person and are generally well integrated into other aspects of culture. The methods used are evaluated by empirical observation with new forms of therapy being introduced into the old body of knowledge. These methods are reinforced by those who recuperate while those who die are thought to be beyond help.

Although some remedies are known by all members of the group, there are "specialists" within the group who are thought to possess extraordinary powers. They are the witchdoctors, the *curanderos* or *espiritistas,* or shamans of their respective societies. Their expertise is defined and acknowledged within their own groups.

Such healers are an essential part of the community. We have already pointed out the importance of the empathy, personality, reputation and optimism of the healer to the success of treatment. The folk healer fulfills all of Torrey's principles of effective psychotherapy. The *espiritista* offers individualized interest in the patient which is valued above the scientific approach of the professional physician. As our Hispanic citizens become more and more acculturated to Mainland systems, health care attitudes and practices are changing.

Studies indicate that the majority of Puerto Rican patients with mental disturbances on the Mainland exhibit the tendency to seek help from a spiritualist center, usually in conjunction with treatment in a professional mental health clinic.[5]

The interrelationship between the two systems is definite and logical when understood in light of the Puerto Rican community's view of mental illness. If disturbances are caused by spirits, the professional clinician would not be of help. If problems are organic, the spiritualist will not be able to cure them and will most often refer the patient to a physician. Most frequently the patient will go to the psychiatrist for a prescription to control the symptoms while visiting a *centro* to find a cure. The Hispanic patient normally will have no desire to discuss personal matters introspectively with a medical professional who does not possess any knowledge of his/her language or fundamental beliefs.

Acceptance of the professional is based upon the same empirical methods used to evaluate the spiritualist healer. This intermingling of old and new world health care systems is a two-way exchange of information as physicians and pharmacognosists are investigating more and more folk natural product remedies and spiritual folk beliefs.

Espiritismo and the Hispanic Community

Spiritism has been labelled the psychotherapy of the poor and some believe it is an effective method of dealing with psychic disturbances. The *espiritista* serves a unique function within the group, as someone who is endowed with the power to detect, communicate with and oust spirits which are in possession of a patient. Moreover, the *espiritista* has the ability to determine if an affliction is induced by supernatural or physical causes. If the problem is spiritual, the healer will try to cure the problem in the following way:

The first step is to identify the reason for spiritual possession.

The spirit world, like the carnate world, has an hierarchy.[6] It is believed that all spirits are created at a base level and are constantly seeking advancement to higher levels through enlightenment and activities which involve entering the physical world. The spirits can only be at peace when they've attained the highest level through a series of incarnations and good works.

The spirits of the highest level are guardian angels or protectors. As folk beliefs came into contact with the Catholic Church during the Spanish colonization, the Catholic saints became the protectors. The protectors can also

be the Yoruban spirits of *Santeria* (spiritualistic sect originating in Africa, brought to Cuba and then to Puerto Rico), or Indian spirits.

Bad spirits *(causas)* are constantly combating the good spirits. A *causa* may attack an individual for various reasons. It may be the spirit of a deceased friend or relative which cannot rest in peace until some problem is solved; it may have been offended in a previous life and is seeking revenge; it may be an inherited spirit; it may be predisposed to torment some vulnerable person. An "evil eye" can also be brought upon a victim through envy, a very destructive and powerful force. It is a common custom to not boast of possessions so that no one will feel envious. One dreaded way of catching an evil spirit is to have it "hexed" upon its victim by an enemy through *brujeria* (black magic). *Brujas* derive their powers from a pact with the devil and use those powers to cause harm to others. It is the job of the *espiritista* to find the cause and cure for the spirit possession.

The *centro* furnishes a unique and effective mechanism for dealing with deviant behavior. Such behavior is dealt with through a structured methodology. The patient is afforded the opportunity to act out fantasies, hostilities and aggressions in a sympathetic environment where such behavior is acceptable. The *espiritista* acts as a confessor for the guilt-ridden person who is encouraged to vent his/her inhibitions.

During a session a psychodrama unfolds in the presence of a chairman, one or two mediums and often a supportive participating audience of patients (group therapy).

The group leader, using logic and reasoning, pleads with the spirit to depart. The spirit is promised help to return to the spirit world where it belongs. Communication is established when the patient lets his/her supernatural impulses flow into the medium who personifies the spirit. The spirit may demand reparation for offenses committed by the patient. A cure is effected when the spirit is coaxed back into the spiritual world to continue on its evolutionary path to a higher level. The leader will frequently recommend herbal baths in conjunction with religious practices such as prayer and the lighting of candles. The patient is encouraged to continue to develop a more enhanced relationship with his/her protecting spirits.

The advantages of being treated at a *centro* are several. We've already discussed the importance of a shared language and world view. Normal and abnormal behavior are defined by the socio-cultural mores of the society. The *centro* offers a structured plan of treatment for disorders that are perceived of differently than they would be in a clinic. By attributing mental problems to outside influences a *causa* or *la suerta* (fate) — the patient can avoid the stigma of *locura* (insanity). The *loco* is an explosive; unpredictable and dangerous person. *Locos* are ostracized by the community and are expected to behave immorally and outrageously. Being called a *loco* is one of the great fears expressed by schizophrenic patients.[7] Once the label has been given it is not easily removed, so a patient will go to great lengths to avoid being called a *loco*.

Neurosis and Psychosis as Defined in Clinical Terms

During a recent study of Puerto Rican patients at the Connecticut Mental Health Clinic in New Haven and the Out-Patient Psychiatric Clinic of Hartford Hospital,[8] the most common symptoms noted were depression, anxiety, somatic

concerns, hallucinations and occasionally loss of control. *Ataque de nervios* (a nervous attack) is so common in Puerto Rican patients that it is labelled by western psychiatrists "the Puerto Rican syndrome." The syndrome usually results from extreme frustration caused by a cultural inability to accommodate hostility, aggression and anger. The verbalization of such anger is alien to Hispanic social mores. The symptoms of an *ataque de nervios* are sudden violence, hyperkinesis, and uncommunicativeness. The epileptic-type seizures are often followed by amnesia, which is a mechanism for deflecting guilt.

Hallucinations were reported frequently by the Puerto Rican patients in the survey at Hartford Hospital. Such visions were not detailed but were dramatic and much more colorful than those of the non-Hispanic groups.

Hispanics attach much importance to dreams as indicators of future events. Visions, dreams and hallucinations are often religious in form and are seen as positive phenomena. However, negative visions attributed to evil spirits are believed to bring sickness and harm to the person.

Schizophrenia is a frequently diagnosed psychosis. One wonders if the lack of a cultural and language understanding on the part of the clinicians contributes to the high rate of schizophrenia diagnoses.

The normal stresses and frustrations which produce mental anxieties within one's own cultural context are compounded by a move to an alien culture. Culture shock combines with problems of poverty, unemployment, foreign status, language difficulty and racial prejudice to produce an intensified sense of inability to cope with everyday crises.

One of the major dilemmas of the Hispanic on the Mainland is the breakdown of traditions and the loss of a clearly defined system of values. Often that loss is replaced by many of the most worthless values of American culture. The marginal Hispanic-Americans — those who are divided between the two conflicting cultures — have the greatest difficulty.[9] The mixing of such diverse values often leads to contradictory signals which can culminate in neurosis and, in the extreme case, schizophrenia.

[1] Vicente Abad and Elizabeth Boyce, "Issues in Psychiatric Evaluations of Puerto Ricans: A Socio-Cultural Perspective," *Journal of Operational Psychiatry*, Vol. 10, No. 1, 1979.

[2] E. Fuller Torrey, *The Mind Game: Witchdoctors and Psychiatrists*. NY: Emerson Hall, Inc., 1972.

[3] Vivian Garrison, "Espiritista or Psychiatrist? Health-seeking behavior in a Puerto Rican Neighborhood of NYC," *Medical Anthropology*, Vol. 1, 1977.

[4] Lloyd Rogler and August Hollingshead, *Trapped: Families and Schizophrenia*. NY: John Wiley & Sons, 1965, p. 249.

[5] Vivian Garrison, "The Puerto Rican Syndrome in Psychiatry and Espiritismo" in *Case Studies in Spirit Possession*. NY: John Wiley & Sons, 1977.

[6] Allen Kardec codified these beliefs in *El Libro de los Espiritos*. Mexico City: Editorial Orion, 1951.

[7] Rogler and Hollingshead, *Ibid*.

[8] Abad and Boyce, *Ibid*.

[9] John Burma, "Spanish-Speaking Children" in *Education and Social Crisis*. Everett T. Keach, R. Fulton & Wm. E. Gardner (eds.) NY: John Wiley & Sons, 1967.

ALCOHOLISM

The growing rate of alcoholism among Hispanics is becoming a matter of increasing concern to counselors. It is estimated that 15 to 20 per cent of the Hispanic population on the Mainland suffer from this disease.[1] The chronic conditions of unemployment, poverty, low self-image, the disintegration of family structure, and alteration of values leads more and more people to seek relief through alcohol.

Culture plays an important role in patterns of consumption, attitude towards drinking and the functions of alcohol within the society. There are many reasons why people drink. In some societies drinking is strictly a social activity — it is an acceptable structure by which human relations are maintained. Hispanics rarely drink alone. They usually consider wine a woman's drink and concentrate on rum or whiskey. Drinking is normally confined to the male population with an emphasis on the macho image being enhanced by the use of alcohol.

There has been little knowledge until recently about Hispanics and alcoholism for two main reasons. First, family and friends would tend to protect and keep the problem drinker at home. This pattern of the basic social support system tends to diminish the visibility of alcoholism. Second, because the *machismo* ideal fosters a high tolerance for the use of alcohol, alcoholism will not be labeled a problem, as this would be a blow to the *macho* ego. Although the estimated rate of alcoholism among Hispanic women increased from 8 to 12 per cent between 1950 and 1970[2], there is much more of a stigma attached to a woman drinking. For this reason it is more difficult to both find and treat Hispanic women.

Stress-related reasons for drinking and resulting behavior may not be culturally bound. However, when we discuss the attitudes towards drinking and solutions, we cannot ignore the cultural significance. The problem with the usual treatment programs is that they are centered around an Anglo environment and are conducted in English. There is an acute need for Spanish-speaking counselors for these programs. An artificial setting with different food, music and language will not create the type of confidence that is needed in the therapy in order to effect a cure. Basic treatment revolves around group sessions in many of the alcohol treatment centers and the use of English would eliminate participation for many Hispanics.

The concept of *machismo* is often seen as negative by the Anglo society while it is cherished by Latinos. Instead of focusing on the more negative traits associated with *machismo* (aggression, arrogance, sexual exploitation, recklessness), the therapist would do well to encourage the positive aspects of the manly ideal — courage, leadership, honor, pride. A good leader is a good father and a good provider. A man with pride and honor does not embarrass himself or his family.

It takes a great deal of courage for a man steeped in the *macho* mystique to admit he has a problem. This is a blow to his self-esteem, so a great deal of sensitivity is required of the therapist. Emphasis should be placed on the quality of dominance — a good *macho* is in command of the situation and will not be at the mercy of a vice.

Two crucial elements in the treatment of the Hispanic alcoholic are the family and the church. Educating family members about the illness will help

them to understand it and to offer sympathetic support to the individual. Family outreach should be handled with the utmost tact because a "social problem" of an individual can be a challenge to the dignity of the entire family. Care should be taken to avoid stigmatizing the family pride. The churches, particularly the evangelical groups, provide enforced control over the drinker. Alcohol is not tolerated within some sects, and group prayer and loving support are offered to help the individual to get back into God's good graces.

Employers can also offer aid to the alcoholic by making participation in a treatment plan a condition of continued employment.

The most effective treatment of all would be the alleviation of the problems which contribute to the stress and despair which often lead to excessive drinking.

[1]Vicente Abad and Joseph Suarez, "Cross-Cultural Aspects of Alcoholism Among Puerto Ricans," United States Department of Health, Education and Welfare, Proceedings from the Fourth Annual Alcoholism Conference of the National Institute of Alcohol Abuse and Alcoholism, 1975.

[2]Ibid

GENERAL HEALTH

Socio-economic and ethnic implications are not confined to the area of mental health care. There are significant variations in basic knowledge, attitudes and behavior during illness between different ethnic groups. The differences seem to be related to the social organization of the group. The more parochial the social structure of the group and the more traditional its cultural orientations, the more likely its members are to show little scientific knowledge about disease and much skepticism towards professional medical care.[1] A Connecticut 1979 Title XX survey indicated that Hispanics showed the lowest use of preventive health care practices in the state (as compared to Blacks and Whites).

Good health is thought of by many as a gift from God and conversation about health is a popular theme in the Hispanic folk culture. Knowledge of folk medicine is widespread and specialists *(curanderos)* are available within the community. The *curandero,* like the *espiritista,* is usually caring and sympathetic to the patient. This is a highly valued quality.

Common colds and simple illnesses are often handled at home through the use of herbs and patent over-the-counter medicines.

The folk medicines, as well as religious paraphernalia, are available at the neighborhood *botanica* (pharmacy). A well furnished *botanica* carries hundreds

A botanica on Park Street, Hartford

of different herbs and natural product remedies, *santeria, esperitismo* articles, candles for honoring saints, books on the metaphysical and all kinds of potions.

The multi-colored essences or potions are in small bottles with a wide variety of labels such as:

Follow-me potion *(esencia sigueme)*
Good luck potion *(esencia de la buena)*
Chain-breaking potion *(esencia rompe cadenas)*
Essence to tame tough guys *(esencia amansa guapo)*
Come-to-me potion *(esencia vente conmigo)*
I can and you can't potion *(esencia yo puedo y tu no puedes)*
Essence of jealousy *(esencia celitos)*[2]

Illness is often a powerful force to strengthen social ties. A sick person needs the concern of friends and family. The group is a vital support system. One man's affliction is seen as affecting the whole group and is good for the group in the sense that it increases the groups' sense of compassion, love, courage and helpfulness. Petty grievances are also forgotten in the face of a crisis.

Anglo doctors treating Latin patients should be aware of the importance attached to modesty, particularly with regard to women, with whom modesty is a highly rated value, even with a female doctor. It is an index for determining whether or not a woman is virtuous. Hispanic women feel quite uncomfortable undressing in front of other women. Subjecting themselves to pelvic and breast exams is extremely distasteful to Latin women.

Men will have a difficult time revealing themselves to a woman physician because nakedness is equated with sexuality. The physician's awareness of these feelings should help him/her to make the patient more comfortable.

For the past couple of years, the Hispanic Health Council at 99 Main Street in Hartford has been carrying on an intensive research project about health problems, practices and attitudes of the Hispanic community in that city. Their findings will soon be available and will be an invaluable source of information to those in health-related fields. The HHC is listed at the end of this manual along with other Hispanic resource organizations.

[1]"Sociomedical Variations Among Ethnic Groups," *American Journal of Sociology*, November, 1964.

[2]Seda (Bonilla) Eduardo, *Social Change in a Puerto Rican Agrarian Reform Community*, Evanston: Northwestern University Press, 1973. According to Seda Bonilla, these potions differ only in color.

COUNSELING

Counselors are often tempted to ignore the fact that the Hispanic society has functioned effectively for years and are sometimes guilty of identifying problems in accordance with what they as counselors perceive are the shortcomings of the Hispanic culture. Such an ethnocentric viewpoint can lead to counterproductive results. Counselors would do well to consider the problems that their clients themselves identify.

The obvious strengths with which to work are the Hispanic family system, the influential role of the mother and, if applicable, the church.

An individual's basic sense of security and identity emanates from the family network. The counselor can verify the importance of the family ties by expressing an interest in children and/or parents of the counselee.

A second way to utilize the family would be by direct contact with a member or members of the counselee's family. The counselor can offer suggestions to family members for helping the client and, at the same time, can gain additional knowledge of the counselee from another perspective.

Counselors must be sure to secure permission from their clients before contacting family members, but generally Hispanics are proud of their families and would like others to know them. Counselors should not interfere with the existing family relationships, but should help the client's family to understand their roles vis-à-vis the client. Non-Hispanic counselors must comprehend Hispanic protocol if they are to be helpful and accepted.

The mother is one of the great institutions in Hispanic culture. She is a powerful figure and is the key source of aid for personal problems.

Farquhar and Christensen (1968) found that the Puerto Rican mother was the primary source of help with her child's homework, and she also is the primary source of discipline in the early years.[1] She is the social tutor, motivator, educator and often the material provider of the family. The counselor can serve as a developmental consultant and can help the mother to understand Mainland customs. In short, the counselor can help mothers and parents discover their potential influence in the development of their children.

The church offers an additional source of strength to its members which the counselor can tap. Priests or ministers are in a position to offer support and counsel to their parishioners. Members of the congregation give encouragement and emotional or financial support to each other. The counselor could approach his/her counselee's church community in much the same way the family would be contacted. In function, the church is actually part of the extended family system. The importance of the church is described in the section on religion.

[1]Farquhar, W.W. and Christensen, E.W.; *Motivational Factors Influencing Academic Achievement of Eleventh Grade Puerto Rican High School Students*. East Lansing, Michigan: Michigan State University, 1968

A NEIGHBORHOOD SOCIAL-HEALTH SERVICES MODEL

In 1963 Congress passed a law providing for community mental health centers. The concept is good; however, the efficacy of the centers has been disappointing. The professionals usually come from a different class and culture and the label of "mental health clinic" turns those people away who find mental health problems to be culturally stigmatic.

Relevant community multi-service centers, staffed by residents, should be set up in convenient locations in the neighborhood. These centers could initially provide referrals and information and gradually could be expanded to offer professional services.

To increase the effectiveness of the services offered, the following should be encouraged:

1. Services should be easily accessible (Hispanic mothers are generally homebound).
2. Services should be made meaningful within the context of the particular community providing a comfortable natural environment.
3. The stigma attached to mental health problems should be minimized by using culturally acceptable labelling.
4. Community involvement in the planning and providing of such social services should be solicited.

The following reprint* will provide valuable insights into the establishment of a relevant mental health clinic for Spanish-speaking patients. The article describes the Spanish Clinic at the New Haven Community Mental Health Clinic.

"A Program for Puerto Ricans

The first proposal for a Spanish Clinic at CMHC contained eight recommendations: 1) to provide direct clinical services by a bilingual staff in a walk-in type of clinic; 2) to serve as a community health education program for the Spanish community; 3) to employ additional bilingual professional and paraprofessional staff in the institution; 4) to develop close ties with Puerto Rican religious groups; 5) to explore ways of collaboration with indigenous faith healers; 6) to provide consultative services for Spanish agencies and organizations; 7) to provide a special in-service training program for paraprofessionals; and 8) to establish liaisons with the emergency rooms of the local hospitals and alert them to the existence of a Spanish Clinic for referral purposes.

Emphasis was given to finding creative methods to help Spanish-speaking clients. The clinic was to adopt a problem-oriented model and offer help at different levels of intervention — intra-psychic, social, medical, administrative, etc. The name originally proposed was "Clinical de Orientacion" (Counseling Clinic) to avoid the negative connotation of the word "mental." At present, the Clinic is known in the community as "La Clinica Hispana" and as the Spanish Clinic.

In our model, we see direct clinical services as the cornerstone, but emphasize that they have to be supplemented with an active training program for paraprofessionals; indirect services, including consultation and involvement with the community; preventive programs; and a research component to learn, test hypotheses, and transmit knowledge relative to this group.

*"A Model for Delivery of Mental Health Services to Spanish-Speaking Minorities," *American Journal of Orthopsychiatry*, 44 (4) July, 1974. reprinted by permission from V. Abad.

We opened the Spanish Clinic at CMHC at first only one afternoon a week, yet unprecedented numbers of Puerto Rican patients came to the Center. This increase in patients was seen even though there had been no formal publicity prior to opening, an early indication of the strength of informal communication systems within the Spanish community. At present the Clinic provides walk-in coverage five days a week, psychiatric evaluations and follow-up treatment, including medication groups, individual counseling, couple and family therapy, as well as referral service, home visits, and transportation for those patients unable to reach the Center by themselves.

The erratic pattern by which Puerto Rican patients used the services of the Clinic made it clear that we had to operate on a walk-in basis and with considerable flexibility. Our clients tended to come in on a crisis basis, just as they use emergency rooms of general hospitals. The fact that they did not use services along more traditional lines did not make them "bad" patients in our eyes. Rather, we accepted the fact that, for some of our patients, a repeated crisis model of intervention would be all that they might want from us. On the other hand, other patients, some of whom at first would come only sporadically, have been able to move beyond a crisis stage and have requested a continued psychotherapeutic relationship.

Besides needing to be able to respond to clients on an "as-needed" basis, we also felt it necessary to break from the traditional psychiatric model and develop a program based on a broad conception of mental health. Our clients came to us with a wide range of requests, many of which, in a different setting, might be "screened out" as non-psychiatric and, therefore, inappropriate. As much as our intervention was sought in cases that were clearly definable in psychiatric terms, we were called on to help with problems having to do with welfare, housing, hospital clinics, courts, etc. We did not turn away these clients, but chose, instead, as did Lazare[1] and his associates at the Massachusetts General Hospital, to see them as "customers" with a legitimate request that justified intervention at some level.

The staffing of the Spanish Clinic was of primary importance. We insisted on bilingual, bicultural personnel. Under the direction of a Spanish psychiatrist and a part-time Puerto Rican social worker, the staff was otherwise paraprofessional and indigenous to the Puerto Rican community. They represented some of the more acculturated members of the community, and it was a natural role for them to serve as "bridges" between other Puerto Ricans and the Anglo agencies and institutions. Our staff included two individuals related to Puerto Rican clergymen, and a third person who, besides being a recognized community leader, was also an *espiritista*. Although the latter person left the Center, she continued to be active in the community, frequently made referrals to the Clinic, and, in some instances, had been consulted in cases involving spiritism beliefs. Though few in number, our staff was strategic enough in the community to facilitate the development of a network of informal contacts with community leaders, particularly, in this case, with the clergy and politicians. The Puerto Rican client can identify with the Clinic because of the Puerto Rican staff and because the staff recognizes the problems of the community as its own. Close ties with the community greatly enhance psychological and social intervention with our patients. We are called in to intervene in many situations, sometimes not clinical, that the community faces and, in turn, for example, we contact

Catholic and Pentecostal leaders to provide social support for patients as well as to use their influence with some families when clinically appropriate.

One of our most frequent roles within the Spanish community is that of intermediary between Spanish-speaking clients and other agencies. It is not unusual to respond to requests that might facilitate a patient's use of a particular resource in the community. In accepting this role, we became a part of an informal network of communication between the Puerto Rican community and key Spanish-speaking staff members in Anglo agencies. The effectiveness of this chain of communication is somewhat dependent upon the type of request and the status within the agency of the person contacted. However, if the latter does not feel he can deal with the request directly, he has learned to contact a Spanish-speaking person with greater authority and influence. We would emphasize the need for any mental health program to become acquainted with the informal systems within the Puerto Rican community and incorporate them into the service programs. To ignore them will inevitably lead such programs to fail.

In a population where social and cultural differences are so obviously and inextricably interrelated with psychological stress, a program dedicated to prevention is of fundamental importance. Again, success will depend upon the support of key community groups and individuals. Collaboration with the indigenous power structure is crucial to the success of a preventive program that will seek to move directly into the Spanish-speaking community. We find Cohen's[2] principles of preventive mental health programs for ethnic groups useful, including the emphasis on a multi-level systems approach to intervention, influencing institutions to change to become more responsive to the Spanish-speaking, and participation in local, state, regional, and federal agencies. Gomez[3] also emphasizes the therapeutic value of social action involving the community, to unite and gain political power in order to have impact on the decision-making for programs that will affect them.

In our program, we were fortunate enough to have already established a solid base with the most influential political and religious leaders in the Spanish community before we started meeting with the bilingual staff of the Center to plan our services. Through personal contacts, two of the authors had developed relationships with key people in the Spanish-speaking community. From the beginning, we were able to involve bilingual field workers as well as to keep the major Puerto Rican political organization of New Haven (Junta) informed of our progress. One of the authors, the Puerto Rican social worker, was a board member of Junta and was recognized as a community leader. This preliminary community involvement became invaluable after the Clinic opened when misunderstandings, as could be anticipated, developed between the professional and paraprofessional staff and seriously threatened the existence of the program. Paraprofessionals became suspicious of the motivations of professionals, in part due to their discovery that the professionals were associated with Yale University, the elite ogre that was devouring the ghetto. The paraprofessionals unrealistically expected the program to be independent and move into the community without any ties with the Anglo institution that was employing us. Their concern and sensitivity was based more on past experience. However, lines of communication with the Spanish community, established before the Clinic opened, enabled us to clear up the misunderstanding. A single meeting with key Puerto Rican leaders was sufficient not only to clear the suspicion, but

also to regain full support of the main Puerto Rican political organization. The dangers are real for programs that start without first developing strong ties with the community and inviting its participation in the planning stages. The Puerto Rican social worker continued to be active in matters of community organization and has successfully geared his efforts towards uniting the different factions of the Puerto Rican community in New Haven in order to influence vital programs for the Puerto Rican community by gaining the necessary political power to influence legislation, funding patterns, and administrative structures. It has also been our experience that, because of our ties with the community, and the fact that Puerto Ricans identify the program as their own, we are able to work collaboratively in behalf of our clients with many individuals and agencies within the Spanish community.

A program of community health education is high on the list of priorities for preventive services. Within the Spanish-speaking communities, there is a great lack of knowledge about community resources available for help. Emphasis should be given to educational programs that would provide information about such concerns as child-rearing, nutrition, alcoholism, drug abuse, mental health, etc. Literature in the Spanish language could be circulated throughout the community and discussion groups sponsored by, for example, the churches in the community would provide opportunities for effective communication. Any such program, however, should focus not only on disseminating information about community resources to Spanish-speaking people, but also on sensitizing agencies to recognize the unique characteristics of this sector of the community so that services, previously only theoretically available, can become accessible through institutional change.

Inasmuch as we realize that our Spanish-speaking clients will best respond to indigenous people living in their communities, our Clinic has encouraged religious groups to implement a program whereby newcomers to the community would be introduced to some aspects of the community's life by their "neighbors." As we conceive of this plan, a pool of families would be available to welcome new families and introduce them to churches, schools, clinics, and other resources, as well as possibly helping them to see ways to develop new relationships with individuals in the community.

In planning preventive services, consideration should be given to the obvious advantages of having those services more accessible by locating them within the Spanish-speaking community proper. It is likely that our clients will be more reachable by all aspects of our program if they are able to have the visual and physical proximities provided by field offices of store-front operations. Our aim is to provide comprehensive mental health services, but since this cannot be accomplished completely, we consider ourselves part of a visible network of services available to the Spanish community, and press for the creation of new programs when they are needed."

[1] Lazare, A. et al. 1972. The walk-in patient as a customer: a key dimension in evaluation and treatment. Amer. J. Orthopsychiat. 42:872-83.

[2] Cohen, R. 1972. Principles of preventive mental health programs for ethnic minority populations: the acculturation of Puerto Ricans to the United States. Amer. J. Psychiat. 128:1529-1533.

[3] Gomez, A. 1972. Some considerations in structuring human services programs for the Spanish-speaking population in the United States. Unpublished paper.

One such community health center was established, through the joint efforts of the City of Hartford, the Hispanic Health Council, the University of Connecticut and the private sector, in the Hartford Housing Project at Charter Oak Terrace and Rice Heights. Services are advertised and provided in both Spanish and English.

THE CHARTER OAK TERRACE/RICE HEIGHTS HEALTH CENTER

218 NEWFIELD AVENUE

CLINIC HOURS AND SERVICES

CLINIC HOURS:

Monday	9:00-1:00 and 1:30-5:30
Tuesday	9:00-1:00 and 1:30-5:30
Wednesday	12:00 NOON to 8:00 p.m.
Thursday	9:00-1:00 and 1:30-5:30
Friday	9:00-1:00 and 1:30-5:30
Saturday	9:00-1:00

SERVICES OFFERED:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Children Health Services (Pediatric)	9:00-1:00		2:00-8:00		9:00-1:00	9:00-1:00
Adult Medicine	9:00-5:30		12:00-8:00		9:00-5:30	9:00-1:00
Nutrition Educ.		9:00-5:30		9:00-5:30		
Health Education	9:00-5:30	9:00-5:30	12:00-8:00	9:00-5:30	9:00-5:30	

TO REDUCE WAITING TIME AT CLINIC PLEASE CALL: PHONE: 233-8516

LA CLINICA DE CHARTER OAK TERRACE/RICE HEIGHTS

218 NEWFIELD AVENUE

HORAS DE CLINICA Y SERVICIOS

HORARIO:

Lunes	9:00-1:00 y 1:30-5:30
Martes	9:00-1:00 y 1:30-5:30
Miercoles	12:00-8:00
Jueves	9:00-1:00 y 1:30-5:30
Viernes	9:00-1:00 y 1:30-5:30
Sabado	9:00-1:00

SERVICIOS OFRECIDOS:

	LUNES	MARTES	MIERCOLES	JUEVES	VIERNES	SABADO
PARA NINOS Y ADOLESCENTES (PEDIATRIA)	9:00-1:00		2:00-8:00		9:00-1:00	9:00-1:00
MEDICINA DE ADULTOS	9:00-5:30		12:00-8:00	9:00-5:30	9:00-5:30	
EDUCACION NUTRICIONAL		9:00-5:30		9:00-5:30		
EDUCACION DE SALUD	9:00-5:30	9:00-5:30	12:00-8:00	9:00-5:30	9:00-5:30	

PARA REDUCIR EL TIEMPO DE ESPERA EN LA CLINICA FAVOR DE LLAMAR PARA UNA CITA

TELEFONO: 233-8516

RESOURCES FOR FORMAL TRAINING WORKSHOPS

If your agency wishes to conduct regular training sessions for personnel, several Hispanic organizations are available to provide workshop leaders. Select an appropriate organization in your area from the list of Hispanic resources in the Appendix and call to inquire. Because situations and the availability of such services fluctuate, it would be fruitless to list them here.

Spanish for the Social Worker

Dr. Barbara Lotito of the Department of Romance and Classical Languages at the University of Connecticut is in the process of completing a revised edition of a curriculum used for the course "Spanish for Social Workers." The curriculum, entitled *Spanish for the Social Work Professional: Communication Skills in a Cultural Perspective,* consists of a student's text with tapes and an instructor's manual with tapes.

The current edition emphasizes the Puerto Rican dialect and culture within the social work context; however, the revisions will incorporate Mexican and Cuban linguistics and cultural variations. The curriculum is designed to train English-speaking social service deliverers to do basic intake interviewing in Spanish, within a limited number of classroom contact hours. In addition to words and sentence structures commonly used in the social work setting, the text attempts to teach students survival skills they can use to overcome communication difficulties and also to form language analogies so they can continue to learn Spanish through their professional interaction with Spanish-speakers.

The following pages are examples from the curriculum.

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BASIC STRUCTURES
THE FIRST INTERVIEW

The Social Worker (M)	The Client (F)
Good morning, ma'am.	Good morning.
What can I do for you?	I have an appointment with the social worker.
It's me. What is your name?	My name is Dominga Dávila.
I need some personal information.	Fine. What do you want to know?
Where do you live?	I live at 23 Park Street. 28 Capitol Avenue.
How long have you lived there? (How long does it make that you live there?)	For (it makes) a week. 4 months 2 years.
What's your telephone number?	It's 5-25-21-23 2-4-9-22-24 7-26-14-29
What's your social security number?	1-2-3-27-13-28
How old are you? (How many years do you have?)	I'm (I have) 20 years old. 30 70 40 80 50 90 60 100
When were you born?	I was born January 1, 1932. February 2, 1954 March 3 April 4 May 5 June 6 July 7 August 8 September 9 October 10 November 11 December 12

ESTRUCTURAS BÁSICAS
LA PRIMERA ENTREVISTA

El Trabajador Social	La Cliente
Buenos días, señora.	Buenos días.
¿En qué puedo servirle?	Tengo cita con el trabajador social.
Soy yo. ¿Cómo se llama Ud.?	Me llamo Dominga Dávila.
Necesito ciertos datos personales.	Bien. ¿Qué quiere saber?
¿Dónde vive Ud.?	*Vivo en* la Calle Park, número 23 (veintitrés) la avenida Capitol, número 28 (veintiocho)
¿Cuánto tiempo hace que Ud. vive allí?	*Hace* una semana. cuatro meses. dos años.
¿Cuál es su número de teléfono?	*Es* cinco-veintocinco-veintiuno-veintiitrés. dos-cuatro-nueve-veintidós-veinticuatro. siete-veintiséis-catorce-veintinueve.
¿Cuál es su número de seguro social?	uno-dos-tres-veintisiete-trece-veintiocho.
¿Cuántos años tiene Ud.?	*Tengo* veinte *años.* treinta setenta cuarenta ochenta cincuenta noventa sesenta cien
¿Cuándo nació Ud.?	*Nací el* primero de enero de 1932.[1] dos de febrero *de 1954.*[2] tres de marzo cuatro de abril cinco de mayo seis de junio siete de julio ocho de agosto nueve de se(p)tiembre diez de octubre once de noviembre doce de diciembre

BASIC STRUCTURES
THE FIRST INTERVIEW (CONTINUED)

The Social Worker (F)	The Client (M)
What religion are you?	I'm Catholic. Jewish. Protestant. Evangelical. Pentecostal. Seventh Day Adventist. Baptist. I don't go to any church.
Are you married?	Yes, I'm married. Yes, but I'm separated from my wife. No, I'm divorced. No, I'm single (a bachelor). No, I'm (a) widower. I'm engaged.
How many children do you have?	I have no children. *I have three,* a son and two daughters. a male and two females. a boy and two girls.
How many people live in your home?	*Me, my wife, my children and my* mother. father. grandfather. uncle. cousin. nephew. brother-in-law. grandson.
Where do your parents live?	*They are* in Puerto Rico. in New York. *They live* with me. with my brother. They are deceased. They died many years ago.
Who raised you?	My grandmother raised me. My godfather.
Who referred you?	The (my) priest referred me. the minister school police Dept. of Public Health The court sent me here. The psychiatrist

ESTRUCTURAS BÁSICAS
LA PRIMERA ENTREVISTA (CONTINUACIÓN)

La Trabajadora Social	El Cliente
¿De qué religión es Ud.?	*Soy* católico.[3] judío. protestante. evangélico. pentecostal. adventista. bautista. No voy a ninguna iglesia.
¿Es. Ud. casado?[2]	Sí, soy casado.[4] Sí, pero estoy separado de mi esposa. No, soy divorciado. No, soy soltero.[5] No, soy viudo.[5] Estoy comprometido.[3]
¿Cuántos hijos tiene Ud.?	No tengo hijos. *Tengo tres,* un hijo y dos hijas. un varón y dos hembras. un nene y dos nenas. (PR)[c]
¿Cuántas personas viven en su casa?	*Yo, mi esposa, mis hijos y mi* mamá. papá. abuelo.[7] tío. primo. sobrino. cuñado. nieto.
¿Dónde viven sus padres?	*Ellos están* en Puerto Rico. en Nueva York. *Ellos viven* conmigo. con mi hermano. Están muertos. Se murieron hace muchos años.
¿Quién lo[8] crió a Ud.?	*Me crió* mi abuelita.[9] mi padrino.[10]
¿Quién lo[8] refirió?	*Me refirió* el sacerdote. el ministro. la escuela. la policía. el departamento de salud pública. La corte *me mando aquí.* El psiquiatra

BASIC STRUCTURES
THE FIRST INTERVIEW (FINAL PART)

The Social Worker (F)	The Client (M)
Do you take any medicine?	No, I don't take any (no) medicine. Yes, I take sedatives. tranquilizers. valium. pills (for the nerves).
Do you drink any alcoholic beverages?	Yes, I drink rum. wine. beer.
How much do you drink?	I don't drink (very) much. I get drunk often. Two or three drinks per day.
Do you take any drugs?	No, I don't take drugs. I smoke marijuana. "grass." I'm an addict. I "shoot up" (heroin). I take amphetamines.
Do you have (any) health problems?	I'm very sick. I have high blood pressure. I have stomach pains (cramps). I need an operation. I don't sleep well.
Have you (ever) been hospitalized?	Yes, they operated on me last year. No, I've not been hospitalized.
Have you (ever) received psychiatric treatment?	No, never. Yes, six months ago. Yes, in the Army. in a mental hospital. Yes, for my (the) nerves.
Have you had problems with the police?	Yes, they arrested (detained) me once.
Have you been in jail?	Yes, they arrested me twice. No, I've never been imprisoned.
Do you and your wife *get along well?* your children your family the boss at work	Yes, we get along well. Yes, rather well. No, we always fight.

ESTRUCTURAS BÁSICAS
LA PRIMERA ENTREVISTA (TERMINACIÓN)

La Trabajadora Social	El Cliente
¿Toma Ud. algunas medicinas?	No, no tomo ninguna medicina. *Sí, tomo* sedativos. tranquilizantes. valium. pastillas (para los nervios)[11]
¿toma Ud. bebidas alcohólicas?	Sí, *tomo* ron. vino. cerveza.
¿Cuánto toma Ud?	No tomo mucho. Me emborracho con frecuencia. Dos o tres tragos al día.
¿Toma Ud. Algunas drogas?	No, no tomo drogas. *Fumo* marihuana. yerba. (PR) Soy tecato. (PR) Me meto la aguja. Tomo anfetaminas.
¿Tiene Ud. problemas de salud?	Estoy muy enfermo.[12] Tengo alta presión. Tengo dolores del estómago. Necesito una operación. No duermo bien.
¿Ha estado hospitalizado?	Sí, me operaron el año pasado. No, no he estado hospitalizado.
¿Ha recibido Ud. tratamiento psiquiátrico?	No, nunca. Sí, hace seis meses. *Sí, en* el ejército un hospital mental. Sí, para los nervios.
¿Ha tenido problemas con la policía?	Sí, me detuvieron una vez.
¿ha estado en la cárcel?	Sí, me arrestaron dos veces. No, nunca he estado encarcelado.
¿*Usted* y su esposa *se llevan bien*? sus hijos su familia el jefe del trabajo	Sí, nos llevamos bien. Sí, bastante bien. No, siempre peleamos.

Thank you, sir, please
wait here a moment.
go on to the waiting room.
wait in that line.
follow me.
come back tomorrow at three.

Yes, of course.

Gracias, señor. Por favor,
espere aquí un momento.
pase a la sala de espera.
espere en esa línea.
sígame.
vuelva Ud. mañana a las tres.

Sí, como no.

[1]mil novecientos treinta y dos

[2]mil novecientos cincuenta y cuatro

[3]Adjectives ending in *-o* change to *-a* when referring to a female.

[4]Spanish has several ways to express the English concept *to be*. *Soy,* from the infinitive *ser* denotes inherent characteristics of a person or thing. *Estoy,* from the infinitive *estar,* denotes changes from a norm.

[5]An unmarried female is *soltera;* a widow is *viuda.*

[6]PR indicates an expression or colloquialism of Puerto Rico.

[7]*abuela, tía, prima, sobrina, cuñada, nieta* are female equivalents. *Abuelos* indicates *grandparents; tios, uncles & aunts,* etc.

[8]*la* is used when speaking to a female.

[9]The diminutive endings (most commonly *-ito, -ita*) are used both to indicate smallness in size and, more commonly, to express closeness, affection, etc.

[10]*Padrino (madrina),* the equivalent of *godfather (godmother),* is used by a child in reference to his sponsor at his baptism or other important events in his life (communion, etc.). For the baptism of their children, parents usually choose someone who is a close and responsible friend (often someone of higher social status) who may care for their child in the event of their death. The relationship between this person and the parent is that of *compadre* or *comadre* and is considered a part of the extended family.

[11]Often used when generic name is unknown.

[12]Most Hispanics, especially women, are reluctant to divulge intimate information regarding personal hygiene, health problems, etc. to a stranger.

¿Habla Espanol?

by Peter W. Peterson *Central Connecticut State College

(ENS) — Two state agencies joined hands this summer to better serve Connecticut residents.

The Department of Health Services, headquartered in Hartford, had found itself handicapped in dealing directly with the public because so many of its clients are Spanish-speaking. In the past, its employees have always had to turn to their Hispanic colleagues at the agency to deal with a visitor having little grasp of English. This summer, for six weeks, some of the employees reinforced their Spanish-speaking capability.

Assisting in this was Central Connecticut State College in New Britain, which for the last 131 years has been providing educational services for the state's residents. It went off-campus to help its sister agency.

Four days a week, for six weeks, 21 employees attended functional Spanish classes at the agency at 79 Elm Street, Hartford. This course is Span. 490, a regular 3-credit course at Central. It was taught by associate professor Samuel R. Schulman of Central's Modern Languages Department.

"The enthusiasm was so great among those taking the course," said Beth O'Hearn, affirmative action officer at the agency, "that when one employee had to drop out because of time conflict there was another waiting to fill that seat. With such interest in the course, thought is being given to repeating it in the fall to give other agency employees the opportunity to take it."

She explained that among those taking the course were employees working in the field, who usually did not have the benefit of Hispanic employees to fall back on.

Walter S. Truscinski, assistant director of Central's Extension College for undergraduate degree services, made arrangements for the language course.

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APPENDIX

Spanish-Speaking Resource Organizations in Connecticut

Name and Address	Services Available
Manpower Program 45 Lyon Terrace Bridgeport, CT 576-7176	Jobs
ABCD-Spanish Affairs Office 815 Pembroke Street Bridgeport, CT 366-8241	Social services
Hispanic Youth Crisis Center 815 Pembroke Street Bridgeport, CT 476-8381	Social services
Puerto Rican Youth Organization 416 East Main Street Bridgeport, CT 333-7497	Social, group counseling
Spanish American Coalition 193 Colorado Avenue Bridgeport, CT 333-5193	Advocacy, legal aid, job training, interpretation
Spanish American Development Association (SADA) 419 East Main Street Bridgeport, CT 384-0311	Advocacy, legal aid, job training, interpretation
Adult Leaning Center (ABCD) 450 Stratford Avenue Bridgeport, CT 576-8097	Social services
Puerto Rican Parade 92 Golden Hill Bridgeport, CT 576-8388	Cultural festivals
National Economic Development Association 10 Middle Street (Room 812) Bridgeport, CT 333-4158	Minority businessmen

Spanish American Action Committee 419 East Main Street Bridgeport, CT 333-5193	Legal and community services
Neighborhood Center 205 Davis Drive Bristol, CT 582-7301	Social services
Hispanic Cultural Society, Inc. 36 Liberty Street Danbury, CT 792-2822	Interpreting, social services
Enfield Neighborhood Center North Main Street Higgins Annex Enfield, CT 745-0371 ext. 387, 388, 389	Bilingual speaking person available, counseling, financial and energy assistance
The Charter Oak Terrace/Rice Heights Health Center 218 Newfield Avenue Hartford, CT 233-8516	Pediatric, adult medicine, nutrition education, health education
Hispanic Health Council 99 Main Street Hartford, CT 527-0856, 527-8004	Community-based group doing research in the field of health and mental health among the Hispanics
Spanish American Center, Inc. 95-97 Park Street Hartford, CT 06106 527-3039	Employment, housing, community service specialist, translation, youth programs, elderly center
Hispanic Family Institute 160 Main Street Hartford, CT 527-1124	Consultation, education, elderly services, health care, etc.
Vecinos Unidos 660 Park Street Hartford, CT 525-3449	Organizes people in groups with the same problem in order for them to solve it together
National Puerto Rican Forum 266 Pearl Street, Suite 206 Hartford, CT 247-3227	English as a second language, counseling, career services, job development, working-world skills (resumes, applications, interviewing, etc.)

Clay Hill Employment Center 1443 Main Street Hartford, CT 278-9950	
Manpower Coordinator 750 Main Street Hartford, CT 566-6790	Jobs
Mr. Hector Colón Community Services Center (Regional Center, Department of Mental Retardation) 40 Evergreen Street Hartford, CT 236-5423	Evaluation and educational program for pre-schoolers with learning disabilities
Conciencia 33 Charter Oak Place Hartford, CT 247-4636	Rehabilitation for addicts
Commonwealth of Puerto Rico 161 Washington Street Hartford, CT 247-7222	Social services, jobs, education
La Casa de Puerto Rico 96 Wadsworth Street Hartford, CT 522-7296	Research, advocacy, legal assistance, technical assistance to Spanish organizations
North End Adult Learning Center 500 Albany Avenue Hartford, CT 566-6818	Education, bilingual education
San Juan Center 1293 Main Street Hartford, CT 522-3892	Language readiness, bilingual education for Hispanic children
Puerto Rican Businessmen Association 84 Wadsworth Street Hartford, CT 527-7218	
Migrant and Spanish Services Division 1179 Main Street Hartford, CT 566-7178	Part of State Department of Human Resources. A CAP agency (Community Action Programs)

La Casa Boricua de Meriden Miller Street Meriden, CT 235-1125	Remedial education and social services
Neighborhood Services 22 Liberty Street Meriden, CT 237-6957	Fuel bank, health clinic, clothing distribution, food distribution
The New Britain Child Development Center 180 Clinton Street New Britain, CT 225-4688	Day care, head start
St. John the Evangelist Sylvan Avenue New Haven, CT 777-3629, 777-8568	Program for the elderly
Connecticut Mental Health Center 34 Park Street New Haven, CT 789-7812	Has a Hispanic division
Connecticut Migratory Children's Program 800 Dixwell Avenue New Haven, CT 776-0347	Education, health services, social services
Junta for Progressive Action 690 Howard Avenue New Haven, CT 865-7901	Social services
Latino Youth Development Howard Avenue New Haven, CT 775-5219	Youth services for Hispanics
Spanish Cultural Association 312 Congress Avenue New Haven, CT 787-0169	Resources, social services, education, ages 7-13 tutoring, college bound program, payment of fees
Spanish American Cultural Organization 107 Blinman Street New London, CT 442-4463	Neighborhood, jobs, education, bilingual, outreach

Nuestra Casa, Inc. 60 Jay Street New London, CT 442-3211	Neighborhood services, jobs, education, bilingual, outreach
South Norwalk Community Center 41 South Main Street South Norwalk, CT 853-4232	Food stamps, social services, bilingual
Spanish Youth Center 568 Atlantic Street Stamford, CT 327-1345	Jobs and recreation
Spanish International Center 137 Henry Street Stamford, CT 327-1757	Jobs and recreation
Neighborhood Services 137 Henry Street Stamford, CT 327-3260 ext. 15 or 16	CTE (Committee for Training and Employment)
Spanish Community Organization of Wallingford 5 Hall Avenue Wallingford, CT 265-5866	Transportation, counseling, interpretation
Spanish Action Council 629 South Main Street Waterbury, CT 757-1241	Tutoring, participatory recreation, social adjustments, group services
South End Center 60 Benedict Street Waterbury, CT 756-7913	Participatory recreation, group services, socialization, artistic pursuits, art appreciation, educational enrichment, tutoring, bilingual education, financial aid, claims filing aid
Puerto Rican Youth Organization 617 South Main Street Waterbury, CT 754-0271	Group services, socialization, tutoring, participatory recreation, intercultural relations, informal education, enrichment
Puerto Rican Youth Organization Maloney School South Elm Street Waterbury, CT	Participatory recreation

Project Promesa Program 54 Ridge Street Waterbury, CT 757-6995		Adult education, bilingual education

Name and Address		Services Available
New Opportunities for Waterbury, Inc. Community Action Programs Agency (CAP) as follows:		
Agency #1	Human Service Center 232 North Elm Street Waterbury, CT 757-1241	Participatory recreation Agency #1, 2, 3, 4, 5 Group Services Socialization #1, 2, 3, 4, 5 Artistic pursuits and art appreciation #1, 2, 3, 4, 5 Informal Educational Enrichment #1, 2, 3, 4, 5 Tutoring #1, 2, 3, 4, 5 Job Assessment Guidance #1 Bilingual Education #2 Neighborhood Organizations #1 Fuel Bank #1 Consumer Complaints #8 Volunteer Financial Aid — Utilities #1, 2, 3, 4, 5 Consumer Education #8 Volunteer Recruitment/Placement #1 Clothing Distribution #6, 7 Telephone Reassurance #1 Job search — placement #1 Job training #1 Employment/youth #1 Day Camping #1 Food, Agricultural and Nutrition information #1 Home improvement #1 Small Business Development #1 Claims Filing Aid #2, 3, 4, 5 Employment — low income #1 Legal information — housing #8 Preschool education #1 Food banks #1 Education programs — disadvantaged #1 Food aid — children #1
	2 South End Center 60 Benedict Street Waterbury, CT 756-7913	
	3 Berkeley Center 9 Harris Circle Waterbury, CT 756-7958	
	4 Brooklyn Center 1062 Bank Street Waterbury, CT 573-9600	
	5 North End Center 232 North Elm Street Waterbury, CT	
	6 Craftery 133 W. Main Street Waterbury, CT 755-7263	
	7 Granny's Attic 8 Bank Street Waterbury, CT 707-6316	
	8 Consumer Education and Tenant Action Center North Elm Street Waterbury, CT 757-1513	
Mental Health Clinic 132 Mansfield Avenue Willimantic, CT 456-2261		Two bilingual counselors

Puerto Rican Organization Program 463 Main Street Willimantic, CT 423-8600	Social services, education, resources
Adult Education 21 Valley Street Willimantic, CT 423-8912 or 423-8835	English as a second language, job skills

Connecticut Hot Lines

North Central

*Hartford 521-7150 open 24 hours — Spanish speaking available

For toll free (New Britain, Plainville) call operator and ask for Enterprise 1600

South Central — Normal working hours

Ansonia & Naugatuck	734-2573	
*New Haven & Milford	624-4143	— Spanish available
Guilford & Madison	453-3787	
Meriden & Wallingford	235-7974	

South West — Open 24 hours

Bridgeport	333-7555	
Norwalk	853-2525	— Spanish available
*Stamford	324-1010	— Spanish available

North West — Normal working hours

Danbury	744-3819	— Spanish available
*Greater Waterbury	753-0171	— Spanish available
New Milford	355-0023	
North Canaan	824-5371	
Torrington	482-9471	

South East — Normal working hours, *no Spanish* available

East Lyme & Pawcatuck — dial Operator ask for Enterprise 0025

Middletown	346-6691
*Norwich/SE	886-0516
Old Saybrook	388-9941

North East — Normal working hours, *no Spanish* available

Willimantic	423-8090	all lines connect to same office
Putnam	928-6577	
Danielson	774-7257	

*Main office

General Bibliography

Abad, Vicente and Suarez, J., "Cross-Cultural Aspects of Alcoholism Among Puerto Ricans" in *Proceedings of the Fourth Annual Alcoholism Conference of the National Institute of Alcohol Abuse and Alcoholism,* 1975.

_____, and Boyce, E., "Issues in Psychiatric Evaluations of Puerto Ricans: A Socio-Cultural Perspective," *Journal of Operational Psychiatry,* Vol. 10, no. 1, 1979.

_____, and Boyce, E. and Ramos, J., "A Model for the Delivery of Mental Health Services to Spanish-Speaking Minorities" *American Journal of Orthopsychiatry,* 44(4) July, 1974.

Ballestenos, D., "Social Justice and Minorities" in *Teaching Ethnic Studies,* Banks (ed.), Washington: National Council for the Social Studies, 1973.

Blakey, Mary Ellen, *Community Services to the Puerto Rican Mental Retardate*. Master's Thesis, University of Connecticut, School of Social Work, 1977.

Burma, John H., "Spanish-Speaking Children" in *Education and Social Crisis,* E. Keach, R. Fulton, Wm. Gardner (eds). NY: John Wiley & Sons, 1967.

Coleman, J. S., *Abnormal Psychology and Modern Life*. Chicago: Scott Foresman, 1964.

Coopersmith, S. "Implications of Studies on Self-Esteem" for Education and Practice paper presented to the American Educational Research Assoc. meeting in Los Angeles, Feb. 6, 1969.

Cordasco, Francesco and Bucchioni, Eugene, *The Puerto Rican Community and Its Children*. Metuchen, N.J.: Scarecrow Press, 1972.

Dlott, Stephen P., *The Relationship Between a Puerto Rican Studies Program and Self-Concept for Puerto Rican Inner-City Elementary School Children*. A Ph.D. dissertation, University of Connecticut, 1975.

Farquhar, W. W., and Christensen, E. W., *Motivational Factors Influencing Academic Achievement of Eleventh Grade Puerto Rican High School Students*. E. Lansing, Michigan: Michigan State University, 1968.

Garrison, Vivian, "Espiritista or Psychiatrist? Health-Seeking Behavior in a Puerto Rican Neighborhood of NYC," *Medical Anthropology,* Vol. 1, 1977.

_____, "The Puerto Rican Syndrome in Psychiatry and Espiritismo" in *Case Studies in Spirit Possession*. NY: John Wiley & Sons, 1977.

The Housing Crisis and the Hispanic Community. La Casa de Puerto Rico, Wadsworth Ave., Hartford, 1978.

Kelz, Rochelle K., *Conversational Spanish for Medical Personnel*. NY: John Wiley Medical Publ.

"Locus of Control, Social Class and Learning," *Bilingual Education Paper Series,* National Dissemination and Assessment Center, California State University, L.A., Vol. 1, No. 7, Feb. 1978.

Maslow, Abraham, *Motivation and Personality*. NY: Harper, 1954.

Rogers, C. R., *Client Centered Therapy, Its Current Practice, Implication and Theory*. Boston: Houghton Mifflin, 1951.

Rogler, Lloyd and Hollingshead, August, *Trapped: Families and Schizophrenia*. NY: John Wiley & Sons, 1965.

Seda, (Bonilla) Eduardo, *Social Change and Personality in a Puerto Rican Agrarian Reform Community*. Evanston, Ill: Northwestern Univ. Press, 1973.

Steiner, Stan, *The Islands*. NY: Harper & Row, 1974.

Stone, James C. and De Nevi, Donald P., *Teaching Multicultural Populations: Five Heritages*. NY: Litton Educational Publ., Inc., 1971.

Tirado, Linda Ann, *Attitudes Toward Mental Health Treatment and Preferences Toward Psychotherapists Among Puerto Rican Women*. A Master's Thesis, University of Connecticut, 1977.

Torrey, E. Fuller, *The Mind Game: Witchdoctors and Psychiatrists*. NY: Emerson Hall, Inc., 1972.

Where Do We Go From Here?, La Casa de Puerto Rico, Wadsworth Ave., Hartford, 1978.